

### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

### Aetna Health Inc. (a Michigan corporation)

NAIC Group Cod		Code 95756 Employer's it	Number 23-2861565
Organized under the Laws of	(Current) (Prior) Michigan	, State of Domicile or Port of Er	ntry <u>Mi</u>
Country of Domicile	United St	tates of America	
		enance Organization	
Is HMO Federally Qualified? Yes [ ]	No[X]		
Incorporated/Organized	09/10/1996	Commenced Business	04/01/1998
			Southfield , MI, US 48034
	(Street and Number)		Town, State, Country and Zip Code)
Main Administrative Office		hwestern Highway	
Southfield	, MI, US 48034	and Number)	248-357-7766
	e, Country and Zip Code)	(A	rea Code) (Telephone Number)
***************************************	88 Northwestern Highway		Southfield , MI, US 48034
(Stree	et and Number or P.O. Box)	(City or	Town, State, Country and Zip Code)
Primary Location of Books and Records		on Meeting Road and Number)	
Blue Bell,	PA, US 19422		248-357-7766
	e, Country and Zip Code)	(A	rea Code) (Telephone Number)
Internet Website Address	www	v.aetna.com	
Statutory Statement Contact	Steven Matthew Conte		215-775-6508
Aetna.HMORe	(Name) eporting@aetna.com	1	(Area Code) (Telephone Number) 860-262-7767
·	ail Address)		(FAX Number)
	OF	FICERS	
President and Senior  Medical Director	Scott Leland Spradlin #	Principal Financial Officer and Controller	Steven Matthew Conte
Vice President and Secretary	Edward Chung-I Lee		
		OTHER	
Elaine Rose Cofrancesco, Tro	easurer Kevin James Casey	y, Senior Investment Officer	Gregory Stephen Martino, Vice President
Dawn Marie Schoen, Assistant	Controller		
Gregory Stephen Martir		S OR TRUSTEES	Scott Leland Spradlin
above, all of the herein described assets this statement, together with related exhit of the condition and affairs of the said re completed in accordance with the NAIC A that state rules or regulations require differespectively. Furthermore, the scope of	were the absolute property of the said report porting entity as of the reporting period state nunual Statement Instructions and Accounting perences in reporting not related to accounting this attestation by the described officers also	ting entity, free and clear from any tained, annexed or referred to, is a ed above, and of its income and d g Practices and Procedures manuary g practices and procedures, accord includes the related corresponding	d reporting entity, and that on the reporting period stated liens or claims thereon, except as herein stated, and that if uil and true statement of all the assets and liabilities and eductions therefrom for the period ended, and have been al except to the extent that: (1) state law may differ; or, (2) ding to the best of their information, knowledge and belief, g electronic filing with the NAIC, when required, that is an may be requested by various regulators in lieu of or in
addition to an a choice a statement.		and the same of th	0 / 5
- Wars	And the second of the second o		Str M. C.th
Scott Leland Spradlin President and Senior Medical Direc		d Chung-I Lee lent and Secretary	Steven Matthew Conte Principal Financial Officer and Controller
State ofMIDSOUR; County of St. Charles	State of Connecti County of Hartford	icut	State of Pennsylvania County of Montgomery
Subscribed and sworn to before me this	Subscribed and swom	to before me this	Subscribed and sworn to before me this
St day of January, 26	DIT John day of Felo.	CON, JOIT	day of <u>February, 2017</u>
NOTARY PUBLIC (Seal)		Hallen	NOTARY PUBLIC (Seal)
U SEIO (GGBI)	No mile i obile (es	,	= (2000)
JANE D BLAKE Notary Public - Notary Se State of Missouri Commissioned for St. Charles	Notary P	N ROUX-HALLORAN Public, State of Connecticul Ission Expires Jan. 31, 202	COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL  KIM E. ROTH, Notary Public  Whitpain Twp., Montgomery County

My Commission Expires: Jan. 24, 2020 15341119

a. Is this an original filing? ...... Yes [X] No [ ] 

NOTARIAL SEAL NOTAKIAL SEAL KIM E. ROTH, Notary Public Whitpain Twp., Montgomery County My Commission Expires April 25, 2017

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a MIchigan corporation)

### **ASSETS**

			Current Year		Prior Year
		1	2	Net Admitted Assets	4 Net Admitted
1.	Bonds (Schedule D)	Assets 1,152,065	Nonadmitted Assets		Assets 1, 150, 132
	Stocks (Schedule D):	.,,		., .02,000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2.1 Preferred stocks	0	0	0	0
		0	0	0	0
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$				
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)	0	0	0	0
5.	Cash (\$0 , Schedule E - Part 1), cash equivalents				
	(\$354,912 , Schedule E - Part 2) and short-term				
	investments (\$8,694 , Schedule DA)	363,606	0	363,606	347,916
6.	Contract loans, (including \$0 premium notes)	0	0	0	0
7.	Derivatives (Schedule DB)	0	0	0	0
8.	Other invested assets (Schedule BA)	0	0	0	0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	1,515,671	0	1,515,671	1,498,048
13.	Title plants less \$0 charged off (for Title insurers				
	only)				0
14.	Investment income due and accrued	471	0	471	3,320
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0	0
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$0 ) and			16	
	contracts subject to redetermination (\$0 )	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers		0	0	0
	16.2 Funds held by or deposited with reinsured companies		0	0	0
	16.3 Other amounts receivable under reinsurance contracts		0	0	0
17.	Amounts receivable relating to uninsured plans		0	0	0
18.1	Current federal and foreign income tax recoverable and interest thereon		0	0	4,717
	Net deferred tax asset		0	0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software	0		0	0
21.	Furniture and equipment, including health care delivery assets  (\$	0	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates		0		0
24.	Health care (\$0 ) and other amounts receivable			· ·	0
25.	Aggregate write-ins for other than invested assets				0
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
20.	Protected Cell Accounts (Lines 12 to 25)	1,518,434	0	1,518,434	1,506,085
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	1,518,434	0	1,518,434	1,506,085
	DETAILS OF WRITE-INS				
1101.		0	0	0	0
1102.		0	0	0	.0
1103.		0	0		0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.		0	0	0	0
2502.			0	0	0
2503.			0		0
2598.	Summary of remaining write-ins for Line 25 from overflow page		0		0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0		0

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### LIABILITIES, CAPITAL AND SURPLUS

	,		Prior Year		
		1	Current Year 2	3	4
		Covered	Uncovered	Total	Total
1. 0	Claims unpaid (less \$0 reinsurance ceded)		0		0
	Accrued medical incentive pool and bonus amounts		0		0
	Jnpaid claims adjustment expenses		0	0	0
	Aggregate health policy reserves, including the liability of				
,	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	0	0	0	0
	Aggregate life policy reserves		0		0
	Property/casualty unearned premium reserves		0		0
	Aggregate health claim reserves		0		
	Premiums received in advance			0	0
	General expenses due or accrued		0		
	Current federal and foreign income tax payable and interest thereon				
	(including \$0 on realized capital gains (losses))	669	0	669	0
	Net deferred tax liability		0	0	0
	Ceded reinsurance premiums payable		0		0
	Amounts withheld or retained for the account of others			0	
	Remittances and items not allocated		0		
	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
:	\$0 current)	0	0	0	0
15. A	Amounts due to parent, subsidiaries and affiliates	0	0		770
	Derivatives				0
	Payable for securities				
	Payable for securities lending		0		0
	Funds held under reinsurance treaties (with \$0				
	authorized reinsurers, \$0 unauthorized				
	reinsurers and \$0 certified reinsurers)	0	0	0	0
20. F	Reinsurance in unauthorized and certified (\$				
	companies	0	0	0	0
	Net adjustments in assets and liabilities due to foreign exchange rates		0	0	0
	iability for amounts held under uninsured plans		0	0	0
23. A	ggregate write-ins for other liabilities (including \$0				
	current)	0	0	0	0
24. T	otal liabilities (Lines 1 to 23)	669	0	669	770
	Aggregate write-ins for special surplus funds			0	
26. C	Common capital stock	XXX		10	
	Preferred capital stock			0	
28. 0	Gross paid in and contributed surplus			8,599,990	
	Surplus notes			0	
30. A	Aggregate write-ins for other than special surplus funds	XXX		0	
31. L	Jnassigned funds (surplus)	XXX	XXX	(7,082,235)	(7,094,685)
	less treasury stock, at cost:				
3	2.10 shares common (value included in Line 26				
	\$0 )	XXX	XXX	. 0	0
3	2.20 shares preferred (value included in Line 27				
	\$0 )			0	0
33. T	otal capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,517,765	
34. T	otal liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,518,434	1,506,085
	DETAILS OF WRITE-INS				
2301.			0		0
2302.			0	0	0
2303.			0		0
2398. S	Summary of remaining write-ins for Line 23 from overflow page		0		0
	otals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0		0
2501.		XXX			0
2502.				0	0
2503.				0	0
2598. S	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. T	otals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX	0	0
3002.		XXX	XXX	0	0
3003.				0	0
3098. S	Summary of remaining write-ins for Line 30 from overflow page	XXX	xxx	0	0
3099. T	otals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

### **STATEMENT OF REVENUE AND EXPENSES**

	STATEMENT OF REVENUE AN	Curren		Prior Year
		1 Curren	2	3
		Uncovered	Total	Total
1.	Member Months	XXX	0	0
2.	Net premium income ( including \$ o non-health premium income)	XXX	0	0
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4.	Fee-for-service (net of \$0 medical expenses)			0
5.	Risk revenue			
	Aggregate write-ins for other health care related revenues			0
6.				
7.	Aggregate write-ins for other non-health revenues			
8.	Total revenues (Lines 2 to 7)	XXX	0	0
	Hospital and Medical:			
9.	Hospital/medical benefits			0
10.	Other professional services	0	0	0
11.	Outside referrals	0	0	0
12.	Emergency room and out-of-area	0	0	0
13.	Prescription drugs		0	0
14.	Aggregate write-ins for other hospital and medical			0
	Incentive pool, withhold adjustments and bonus amounts			
15.				
16.	Subtotal (Lines 9 to 15)	0	0	0
	Less:			_
17.	Net reinsurance recoveries			
18.	Total hospital and medical (Lines 16 minus 17)			0
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including \$0 cost containment expenses	0	0	0
21.	General administrative expenses	0	5,335	19,655
22.	Increase in reserves for life and accident and health contracts (including \$		,	
	increase in reserves for life only)	0	0	0
				0
23.	Total underwriting deductions (Lines 18 through 22)			19,655
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$(2)	0	(5)	(1)
27.	Net investment gains (losses) (Lines 25 plus 26)	0	9,491	6,980
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0 ) (amount charged off \$	0	0	0
20	Aggregate write-ins for other income or expenses		0	(126
29.		0	0	( 120
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	4 , 156	(12,801)
31.	Federal and foreign income taxes incurred		1.457	(4,437)
			2,699	(8,364
32.	Net income (loss) (Lines 30 minus 31)	XXX	2,099	(8,304)
	DETAILS OF WRITE-INS		_	_
0601.			0	0
0602.			0	0
0603			0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX	0	0
0702.		XXX	0	0
0703		XXX	0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.		0	0	0
1402.		0	0	0
1403.		n	0	
		0	0	٥
1498.	, ,	0	0	۰۰۰۰
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)			U
2901.	Regulatory Fine		0	(126
2902.		0	0	0
2903		0	0	0
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	(12

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

			2
		Current Year	Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year.		
34.	Net income or (loss) from Line 32	· ·	
35.	Change in valuation basis of aggregate policy and claim reserves	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0
38.	Change in net deferred income tax	0	0
39.	Change in nonadmitted assets	0	0
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles	0	0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus.	0	0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital	0	0
46.	Dividends to stockholders	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	9,751	0
48.	Net change in capital and surplus (Lines 34 to 47)	12,450	(8,364)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	1,517,765	1,505,315
	DETAILS OF WRITE-INS		
4701.	Correction of prior period general administrative expenses	15,002	0
4702.	Correction of prior period federal income tax incurred	(5,251)	0
4703.		0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page		0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	9,751	0

### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a MIchigan corporation)

### **CASH FLOW**

		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	0	0
2.	Net investment income	12,928	7,227
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	12,928	7,227
5.	Benefit and loss related payments	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	(9,667)	19,78
8.	Dividends paid to policyholders	0	(
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	1,320	660
10.	Total (Lines 5 through 9)	(8,347)	20,44
11.	Net cash from operations (Line 4 minus Line 10)	21,275	(13,21
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	1, 150,000	
	12.2 Stocks	0	
	12.3 Mortgage loans	0	
	12.4 Real estate	0	
	12.5 Other invested assets	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(7)	(
	12.7 Miscellaneous proceeds	0	ı
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,149,993	(
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	1, 152,516	
	13.2 Stocks	0	
	13.3 Mortgage loans	0	
	13.4 Real estate	0	
	13.5 Other invested assets	0	
	13.6 Miscellaneous applications	0	(
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,152,516	ı
14.	Net increase (decrease) in contract loans and premium notes	0	(
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2,523)	(
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	
	16.2 Capital and paid in surplus, less treasury stock	0	
	16.3 Borrowed funds	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		3,59
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		3,59
4.5	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	45.000	(0.04)
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	15,690	(9,610
19.	Cash, cash equivalents and short-term investments:	247.046	057 50
	19.1 Beginning of year		357,53
	19.2 End of year (Line 18 plus Line 19.1)	363,606	347,910
ote: Su	upplemental disclosures of cash flow information for non-cash transactions:  1	0	(
	2		0
U.UUU(	3	0	0

### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

		'	2 Comprehensive	3 Medicare	4 Dental	5 Vision	6 Federal Employees Health	7 Title XVIII	8 Title XIX	9	10 Other
		Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
1.	Net premium income	١٥ιαι	(1 lospital & Mcdical)	Опрыстет	Offiny	Only	0 0	Nicalcare	Micalcala	Other ricaitin	n
2	Change in unearned premium reserves and reserve for						J				u
	rate credit	0	0	0	0	(	0	0	0	0	0
3.	Fee-for-service (net of \$0										
	medical expenses)	0	0	0	0		0	0	0	0	XXX
4.	Risk revenue	0	0	0	0		0	0	0	0	XXX
5.		0	0	0	0		0	0	0	0	XXX
6.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7.		0	0	0	0			0	0	0	0
8.	Hospital/medical benefits	0	0	0	0		0 0	0	0	0	XXX
9.	Other professional services	0	0	0	0		0 0	0	0	0	XXX
10.	Outside referrals	0	0	0	0		00	0	0	0	XXX
11.		0	0	0	0		0	0	0	0	XXX
12.	Prescription drugs	0	0	0	0		0	0	0	0	XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0		0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0	0	0	0		0	0	0	0	XXX
15.	Subtotal (Lines 8 to 14)	0	0	0	0		0	0	0	0	XXX
16.	Net reinsurance recoveries	0	0	0	0		0	0	0	0	XXX
17.	Total medical and hospital (Lines 15 minus 16)	0	0	0	0		0	0	0	0	XXX
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19.	Claims adjustment expenses including										
	\$0 cost containment expenses	0	0	0	0		00	0	0	0	0
20.	General administrative expenses	5,335	5,335	0	0		00	0	0	0	0
21.	Increase in reserves for accident and health contracts	0	0	0	0		0	0	0	0	XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23.	Total underwriting deductions (Lines 17 to 22)	5,335	5,335	0	0		00	Ω	0	0	0
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	(5,335	(5,335)	0	0	(	0	0	0	0	0
	DETAILS OF WRITE-INS										
0501.											XXX
0502.											XXX
0503.											XXX
	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0		0	0	0	0	xxx
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	(	0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			. XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.											XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0		0	0	0	0	XXX
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	م	1	0	<u> </u>		0	0	1	0	XXX

# Underwriting and Investment Exhibit - Part 1 - Premiums **NONE**

Underwriting and Investment Exhibit - Part 2 - Claims Incurred **NONE** 

Underwriting and Investment Exhibit - Part 2A - Claims Liability **NONE** 

Underwriting and Investment Exhibit - Part 2B - Analysis of Claims  ${f N}$   ${f O}$   ${f N}$   ${f E}$ 

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

		•	Cı	umulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1.	Prior	(2)	(2)	) (2)	(2)	(2)
2.	2012	0	0	0	0	0
3.	2013	XXX	0	0	0	0
4.	2014	XXX	XXX	0	0	0
5.	2015	XXX	XXX	XXX	0	0
6.	2016	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

	Sum of Cumulative N	let Amount Paid and Cla O	aim Liability, Claim Rese utstanding at End of Ye	rve and Medical Incentivar	ve Pool and Bonuses
Year in Which Losses Were Incurred	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	(5)	(5)	(5)	(2)	(2)
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	xxx	XXX	0	0	0
5. 2015	xxx	XXX	XXX	0	0
6. 2016	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

		1	2	3	4	5 Claim and Claim	6	7	8	9 Total Claims and	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2012	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2013	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2014	0	0	0	0.0	0	0.0	0	0	0	0.0
4.	2015	0	0	0	0.0	0	0.0	0	0	0	0.0
5.	2016	0	0	0	0.0	0	0.0	0	0	0	0.0

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Occitor A-1 and recallable of outplement					
		Cui	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

•	Sum of Cumulative N	et Amount Paid and Cla O	im Liability, Claim Rese utstanding at End of Ye	erve and Medical Incenti ar	ve Pool and Bonuses
Year in Which Losses Were Incurred	1 2012	2 2013	3 2014	4 2015	5 2016
1. Prior					
3. 2013 4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc	<u>_</u>	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2 2012										
		T								
3. 2014										
4. 2015										
5. 2016					T -					

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Dental Only

·		Cu	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX	-	
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Outstanding at End of Year								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016				
1. Prior									
2. 2012									
3. 2013	XXX								
4. 2014	XXX	XXX							
5. 2015	XXX	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	i
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	i
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense	Perc	<u>_</u>	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2012										
2	2013										
2.											
3.	2014				<i>47</i>						
4.	2015				<i></i>						<b>+</b>
5.	2016										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Vision Only

·		Cu	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Couldn't mount of mou									
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool Outstanding at End of Year								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016				
1. Prior									
2. 2012									
3. 2013	XXX								
4. 2014	XXX	xxx							
5. 2015	XXX	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense	Perc	<u> </u>	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2 2012										
3. 2014					·				<del></del>	
4. 2015									<b>_</b>	
5. 2016										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Occitor A - Faid Fleatin Glaims - Federal Employees Fleatin Bellenis		Cu	mulative Net Amounts	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Occition B infourted recatal cialling in caeral Employees recatal Bene									
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool Outstanding at End of Year								
	1	4	5						
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016				
1. Prior									
2. 2012									
3. 2013	XXX								
4. 2014	XXX	XXX							
5. 2015	XXX	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense	Perc	<u>_</u> . <sub>0</sub> /	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2 2013										
									†	
3. 2014				<i></i>					<del> </del>	
4. 2015				<b></b>						
5. 2016										

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted) Section A - Paid Health Claims - Title XVIII

		Cui	mulative Net Amounts	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	xxx				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

#### Section B - Incurred Health Claims - Title XVIII

	Sum of Cumulative Ne	et Amount Paid and Cla O	aim Liability, Claim Resolutstanding at End of Ye	erve and Medical Incenti ar	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	i
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	i
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense	Perc	<u>_</u>	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2012										
2	2013										
2.											
3.	2014				<i>47</i>						
4.	2015				<i></i>						<b>+</b>
5.	2016										

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Title XIX

		Cu	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX

COCION D' INCUITO NICO AND					
	Sum of Cumulative N	Net Amount Paid and Cla C	aim Liability, Claim Res Outstanding at End of Ye	erve and Medical Incention	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense	Perc	<u> </u>	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2 2013										
									†	
3. 2014				<i></i>					<del> </del>	
4. 2015				<b></b>						
5. 2016										

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Other

		Cui	mulative Net Amounts I	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse: Outstanding at End of Year						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013	XXX						
4. 2014	XXX	XXX					
5. 2015	XXX	XXX	XXX				
6. 2016	XXX	XXX	XXX	XXX			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

		1	2	3	4	5	6	7	8	9	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment	(Col. 3/2)	Claim and Claim Adjustment Expense	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
-		Premiums Eamed	Ciaims Payment	ense yme/	Perc		Percent	Ciairis Oripaid	Expenses	(001. 5+7+8)	Percent
	1. 2012					· · · · · · · · · · · · · · · · · · ·					
	2. 2013					·····				<del> </del>	
	3. 2014										
	4. 2015										
	5. 2016										

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Section A - Paid Health Claims - Grand Total

			Cun	nulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1.	Prior	(2)	(2)	(2)	(2)	(2)
2.	2012	0	0	0	0	0
3.	2013	XXX	0	0	0	0
4.	2014	XXX	XXX	0	0	0
5.	2015	XXX	XXX	XXX	0	0
6.	2016	XXX	XXX	XXX	XXX	0

#### Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net A	Amount Paid and Clai Οι	im Liability, Claim Rese utstanding at End of Ye	erve and Medical Incenti ar	ve Pool and Bonuses
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior	(5)	(5)	(5)	(2)	(2)
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	XXX	XXX	0	0	0
5. 2015	XXX	XXX	XXX	0	0
6. 2016	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5 Claim and Claim	6	7	8	9 Total Claims and	10
	Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2012	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2013	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2014	0	0	0	0.0	0	0.0	0	0	0	0.0
4.	2015	0	0	0	0.0	0	0.0	0	0	0	0.0
5.	2016	0	0	0	0.0	0	0.0	0	0	0	0.0

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a Michigan corporation)

### **UNDERWRITING AND INVESTMENT EXHIBIT**

			AGGREGATE RESER							
		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1.	Unearned premium reserves									
2.	Additional policy reserves (a)									
3.	Reserve for future contingent benefits									
4.	Reserve for rate credits or experience rating refunds (including									
	\$) for investment income									
5.	Aggregate write-ins for other policy reserves									
6.	Totals (gross)									
7.	Reinsurance ceded									
8.	Totals (Net)(Page 3, Line 4)									
9.	Present value of amounts not yet due on claims									
10.	Reserve for future contingent benefits		NC							
11.	Aggregate write-ins for other claim reserves									
12.	Totals (gross)									
13.	Reinsurance ceded									
14.	Totals (Net)(Page 3, Line 7)									
	DETAILS OF WRITE-INS									
0501.										
0502.										
0503.										
0598.	Summary of remaining write-ins for Line 5 from overflow page									
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.										
1103.										
1198.	Summary of remaining write-ins for Line 11 from overflow page									

(a) Includes \$ \_\_\_\_\_ premium deficiency reserve.

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a MIchigan corporation)

### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

PART 3 - ANALYSIS OF EXPENSES					1	T
		Claim Adjustm	ent Expenses	3	4	5
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$0 for occupancy of					
	own building)	0	0	0	0	0
2.	Salary, wages and other benefits	0	0	0	0	0
3.	Commissions (less \$0					
	ceded plus \$0 assumed)	0	0	0	0	0
4.	Legal fees and expenses	0	0	0	0	0
5.	Certifications and accreditation fees	0	0	0	0	0
6.	Auditing, actuarial and other consulting services	0	0	0	0	0
7.	Traveling expenses	0	0	0	0	0
8.	Marketing and advertising	0	0	0	0	0
9.	Postage, express and telephone	0	0	0	0	0
10.	Printing and office supplies	0	0	325	0	325
11.	Occupancy, depreciation and amortization	0	0	0	0	0
12.	Equipment	0	0	0	0	0
13.	Cost or depreciation of EDP equipment and software		0			0
14.	Outsourced services including EDP, claims, and other services	0	0	0	0	0
15.	Boards, bureaus and association fees	0	0	0	0	0
16.	Insurance, except on real estate	0	0	0	0	0
17.	Collection and bank service charges	0	0	0	0	0
18.	Group service and administration fees	0	0	0	0	0
19.	Reimbursements by uninsured plans	0	0	0	0	0
20.	Reimbursements from fiscal intermediaries	0	0	0	0	0
21.	Real estate expenses		0	0	0	0
22.	Real estate taxes	0	0	0	0	0
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes	0	0	0	0	0
	23.2 State premium taxes	0	0	0	0	0
	23.3 Regulatory authority licenses and fees		0	516	0	516
	23.4 Payroll taxes		0	0	0	0
	23.5 Other (excluding federal income and real estate taxes)		0	3,734	0	3,734
24.	Investment expenses not included elsewhere		0	0	0	0
25.	Aggregate write-ins for expenses		0	760	0	760
26.	Total expenses incurred (Lines 1 to 25)	0	0	5,335	0	(a)5,335
27.	Less expenses unpaid December 31, current year.		0	0	0	0
28.	Add expenses unpaid December 31, prior year		0	0	0	0
29.	Amounts receivable relating to uninsured plans, prior year		0	0	0	0
30.	Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	5,335	0	5,335
	DETAILS OF WRITE-INS					
2501.	Miscellaneous		0	112	0	112
2502.	Intercompany Expense	0	0	648	0	648
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)  des management fees of \$ 0	0 to affiliates and \$	0	760 on-affiliates.	0	760

(a) Includes management fees of \$ \_\_\_\_\_0 to affiliates and \$ \_\_\_\_\_0 to non-affiliates.

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Health Inc. (a MIchigan corporation)

### **EXHIBIT OF NET INVESTMENT INCOME**

		1	2
			Earned During Year
1.	U.S. government bonds	(a)11,580	8,730
1.1	Bonds exempt from U.S. tax	(a)0	0
1.2	Other bonds (unaffiliated)	(a)0	0
1.3	Bonds of affiliates	(a)0	0
2.1	Preferred stocks (unaffiliated)	(b)0	0
2.11	Preferred stocks of affiliates	(b)0	0
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans		
4.	Real estate		
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e)762	763
7	Derivative instruments	. (1)	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	12,345	9,496
10. 11.	Total gross investment income Investment expenses	12,343	9,490
12.	Investment expenses		
13.	Interest expense		,
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		9,496
	DETAILS OF WRITE-INS		
0901.	Intercompany Interest Income	3	3
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	3	3
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0
(a) Inclu	des \$	55 paid for accrued int	terest on purchases.
(b) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$	0 paid for accrued div	vidends on purchases.
	des \$0 accrual of discount less \$		
	des \$		•
	ides \$		terest on nurchases
	des \$	paid for accided lift	erosi on puronases.
	·		
	des \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding f	ederal income taxes, at	tributable to

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

segregated and Separate Accounts.

(i) Includes \$ \_\_\_\_\_0 depreciation on real estate and \$ \_\_\_\_\_0 depreciation on other invested assets.

		1	2	3	4	5
				Total Realized Capital		Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds		0	0	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	0	0	0	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)		0	0	0	0
2.11	Preferred stocks of affiliates		0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	(7)	0	(7)	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(7)	0	(7)	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
1100.	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,					
1	above)	0	0	0	0	0

### Exhibit of Nonadmitted Assets

### NONE

Exhibit 1 - Enrollment by Product Type for Health Business Only  ${f N} \ {f O} \ {f N} \ {f E}$ 

### **NOTES TO FINANCIAL STATEMENTS**

#### 1. Summary of significant accounting policies and going concern

#### A. <u>Accounting practices</u>

The accompanying statutory financial statements of Aetna Health Inc. (a Michigan corporation) (the "Company"), indirectly a wholly-owned subsidiary of Aetna Inc. ("Aetna"), have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services ("Michigan Department") ("Michigan Accounting Practices"). The Michigan Department recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net (loss) income and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan for the years ending December 31, 2016 and 2015 is as follows:

		SSAP #	F/S Page	F/S Line #	2016	2015
(1) (2)	Net income (loss) The Company's state basis Michigan prescribed	xxx	xxx	XXX	\$2,699	\$(8,364)
(3)	practices that increase/ (decrease) NAIC SAP Michigan permitted	N/A	N/A	N/A	-	-
(4)	practices that increase/ (decrease) NAIC SAP NAIC SAP	N/A	N/A	N/A _	- \$2,699	- \$(8,364)
(5) (6)	Surplus The Company's state basis Michigan prescribed practices that increase/	XXX	XXX	xxx	\$1,517,765	\$1,505,315
(7)	(decrease) NAIC SAP Michigan permitted practices that increase/	N/A	N/A	N/A	-	-
(8)	(decrease) NAIC SAP NAIC SAP	N/A	N/A	N/A _	- \$1,517,765	\$1,505,315

#### B. Use of estimates in the preparation of the financial statements

The preparation of these financial statements in conformity with Michigan Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

#### C. <u>Accounting policies</u>

The Company applies the following significant accounting policies:

#### (1) Cash, cash equivalents and short-term investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value.

#### (2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker

quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2016 and 2015. Bonds include all investments whose maturity is greater than one year when purchased.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For loan-backed and structured securities, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from our expectations and the risk that facts and circumstances factored into our assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

- (3) The Company did not own any common stock at December 31, 2016 or 2015.
- (4) The Company did not own any preferred stock at December 31, 2016 or 2015.
- (5) The Company did not have any mortgage loans at December 31, 2016 or 2015.

#### (6) Securities lending

The Company engages in securities lending by lending certain securities from its investment portfolio to other institutions for short periods of time. Borrowers must post cash collateral in the amount of 102% to 105% of the fair value of a loaned security. The fair value of the loaned securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned securities fluctuates. The collateral is retained and invested by a lending agent according to the Company's guidelines to generate additional investment income for the Company. Pursuant to SSAP No. 103 - *Transfers and Servicing of Financial Assets and Extinguishments of Liabilities* ("SSAP No. 103"), collateral required under the Company's securities lending program is carried on the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus as both a receivable and payable. Also pursuant to SSAP No. 103, if the collateral received from a counterparty is less than 100 percent at the reporting date, the difference between the actual collateral and 100 percent is nonadmitted. Collateral value is measured and compared to the loaned securities in aggregate by counterparty. The Company did not have any loaned securities at December 31, 2016 or 2015.

- (7) The Company did not have any investments in any subsidiaries or affiliated companies at December 31, 2016 or 2015.
- (8) The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2016 or 2015.
- (9) The Company did not have any derivatives at December 31, 2016 or 2015.

#### (10) Aggregate health policy reserves and related expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Where allowed, anticipated investment income is considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. The Company had no PDR at December 31, 2016 or 2015.

#### (11) Hospital and medical costs and claims adjustment expenses and related reserves

As explained more fully in Note 4, the Company has withdrawn from the market effective December 31, 2007. The Company did not have any hospital and medical costs for the years ended December 31, 2016 and 2015.

- (12) The Company did not modify its capitalization policy from the prior period.
- (13) The Company did not have any pharmaceutical rebates receivables at December 31, 2016 or 2015.

#### (14) Investment income due and accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2016 and 2015, the Company did not have any nonadmitted investment income due and accrued.

(15) Accounting for the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's (collectively, "Health Care Reform") Reinsurance, Risk Adjustment and Risk Corridor (the "3Rs") pursuant to SSAP No. 107 – Risk-Sharing Provisions of the Affordable Care Act ("SSAP No. 107") and INT 15-01: ACA Risk Corridors Collectibility ("INT 15-01")

#### Reinsurance

Health Care Reform established a temporary reinsurance program that expired at the end of 2016. Under this program, all issuers of major medical commercial insurance products and self-insured plan sponsors are required to contribute funding in amounts set by the U.S. Department of Health and Human Services ("HHS"). A portion of the funds collected will be utilized to reimburse issuers' high claims costs incurred for qualified individual members. The expense related to this required funding is reflected in insurance, taxes, licenses and fees for all of the Company's insurance products with the exception of products associated with qualified individual members; this expense for qualified individual members is reflected as a reduction of premium revenue. When annual claim costs incurred by the Company's qualified individual members exceed a specified attachment point, the Company is entitled to certain reimbursements from this program. The Company records amounts recoverable for claims paid and unpaid and ceded claim benefit recoveries to reflect its estimate of these recoveries. At December 31, 2016 and 2015, the Company did not record a payable or a receivable under the temporary three-year reinsurance program.

#### Risk Adjustment

Health Care Reform established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue. At December 31, 2016 and 2015, the Company did not record a payable or a receivable under the risk adjustment program.

#### Risk Corridor

Health Care Reform established a temporary risk sharing program, which expires at the end of 2016, for qualified individual and small group insurance plans. Under this program the Company makes (or receives) a payment to (or from) HHS based on the ratio of allowable costs to target costs (as defined by Health Care Reform). The Company records a risk corridor receivable or payable as an adjustment to premium revenue based on the Company's estimate of the ultimate risk sharing amount for the current calendar year. In October 2015, HHS announced that 2014 Health Care Reform risk corridor receivables would be funded at 12.6% to the extent HHS fully collects risk corridor payables. In November 2015, INT 15-01 was issued as guidance to address the accounting for risk corridor receivables. In conjunction with this guidance, the Company recorded a risk corridor receivable at December 31, 2015 that coincided with the portion of the 2014 Health Care Reform risk corridor receivables that were considered collectible. The Company currently has not recorded any risk corridor receivables for the 2016 and 2015 program years or any amount in excess of HHS's announced pro-rated funding amount for the 2014 program year because payments from HHS are uncertain. The Company currently has not recorded any risk corridor receivables for the 2016 and 2015 program years.

The Company expects to perform an annual final reconciliation and settlement with HHS of the 3Rs in each subsequent year.

#### (16) Federal and state income taxes

The Company is included in the consolidated federal income tax return of its parent company, Aetna and Aetna's other wholly-owned subsidiaries pursuant to the terms of a tax sharing agreement. In accordance with a written tax sharing agreement with an affiliate, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to this agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Service ("IRS") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. The Company did not incur any state income tax expense (benefit) for the years ended December 31, 2016 and 2015.

#### D. Going concern

After evaluation at December 31, 2016, management has no concern over the Company's ability to continue as a going concern at this time. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

#### 2. Accounting changes and corrections of errors

The Company did not have any accounting changes in the years ended December 31, 2016 and 2015.

The Company's general administrative expenses were overstated on the statutory financial statements at December 31, 2015. This adjustment of \$15,002 and the related federal income tax of \$(5,251) were included as write-ins on the Statutory Statements of Revenue and Expenses (Continued) page.

The Company did not have any correction of errors in the year ended December 31, 2015.

#### 3. Business combinations and goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the period ending December 31, 2016 and 2015.

#### 4. <u>Discontinued operations</u>

The Company has withdrawn from the market effective December 31, 2007. The Company provided such information to the Michigan Department of Insurance and Financial Services on November 7, 2006 pursuant to M.C.L.A. Section 500.3712. The Company continues to hold an active license in the State of Michigan and continues to hold assets in the State of Michigan to meet state requirements.

#### 5. Investments

- A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2016 or 2015.
- B. The Company did not have any debt restructuring in the years ending December 31, 2016 and 2015.
- C. The Company did not have any reverse mortgages at December 31, 2016 or 2015.

#### D. Loan-Backed Securities

- (1) Prepayment assumptions for single class and multi-class mortgage backed/asset backed securities were obtained from industry market sources.
- (2) The Company had no OTTI losses during 2016 on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R Loan-Backed and Structured Securities.
- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis, at December 31, 2016.
- (4) The Company had no unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2016.

#### E. Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company did not have any repurchase agreements or loaned securities transactions at December 31, 2016.
- (2) The Company did not pledge any of its assets as collateral, which are classified as securities pledged to creditors as of December 31, 2016.
- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of December 31, 2016.
- (4) The Company did not have securities lending transactions administered by an affiliated agent which is "one line" reported at December 31, 2016.
- (5) The Company did not have any repurchase agreements, loaned securities or dollar repurchase agreements at December 31, 2016.
- (6) The Company has not accepted collateral that is not permitted by contract or custom to sell or repledge as of December 31, 2016.
- (7) The Company did not have any collateral for transactions that extend beyond one year from the reporting date.

- F. The Company did not have any real estate at December 31, 2016 or 2015.
- G. The Company did not have any low-income housing tax credits at December 31, 2016.

#### H. Restricted Assets

(1) Restricted assets (including pledged):

	1	2	3	4	5	6	7
	Total			<del>-</del>			'
Restricted Asset Category	gross (admitted & nonadmitted) restricted from current year	Total gross (admitted & nonadmitted) restricted from prior year	Increase (decrease) (1 minus 2)	Total current year nonadmitted restricted	Total current year admitted restricted (1 minus 4)	Percentage gross (admitted & nonadmitted) restricted to total assets	Percentage admitted restricted to total admitted assets
a. Subject to			,		,		
contractual obligation for which liability is not shown	-	-	-	-	-	-	-
b. Collateral held under security							
lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	ı	-	1	-	1
d. Subject to reverse repurchase agreements	_		_	_	_	_	
e. Subject to dollar repurchase	-	-	-	-	-	-	-
agreements f. Subject to	-	-	-	-	-	-	-
dollar reverse repurchase							
g. Placed under option	-	-	-	-	-	-	-
contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	_	_	_	_	-	_	_
i. FHLB capital							
j. On deposit	-	-	-	-	-	-	-
with states	\$1,152,067	\$1,150,132	\$1,935	-	\$1,152,067	75.872%	75.872%
k. On deposit with other regulatory bodies	_	-		-	-	-	
I. Pledged as collateral to FHLB (including assets backing funding agreements)	_	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	_	-	_	_	-	_	_
n. Other restricted	_	<u>-</u>	-	_		_	-
assets o. Total	-	-	-	-	-	-	-
restricted assets	\$1,152,067	\$1,150,132	\$1,935	-	\$1,152,067	75.872%	75.872%

- (2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2016.
- (3) The Company did not have any other restricted assets at December 31, 2016.

- (4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2016.
- I. The Company did not have any working capital finance investments at December 31, 2016.
- J. The Company did not have any offsetting and netting of financial assets or liabilities at December 31, 2016.
- K. The Company did not have any structured notes at December 31, 2016.
- L The Company did not have any 5\* securities at December 31, 2016.

#### 6. <u>Joint ventures, partnerships, and limited liability companies</u>

- A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2016 or 2015.
- B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2016 or 2015.

#### 7. Investment income

- A. There was no investment income due and accrued excluded from surplus at December 31, 2016 or 2015, except in bonds where collection of interest was uncertain.
- B. There was no amount excluded at December 31, 2016 or 2015.

#### 8. <u>Derivative instruments</u>

The Company did not have any derivative instruments at December 31, 2016 or 2015.

#### 9. Income taxes

A.

1. The components of the net DTAs recognized in the Company's Statutory Statements of Assets, Liabilities, Surplus and Other Funds are as follows:

	December 31, 2016		
	Ordinary	Capital	Total
( ) 0			
(a) Gross DTAs	-	-	-
(b) Statutory valuation allowance adjustment		-	-
(c) Adjusted gross DTAs	-	-	-
(d) DTAs nonadmitted		-	
(e) Subtotal net admitted DTAs	-	-	-
(f) DTLs	-	-	
(g) Net admitted DTAs/(DTLs)		-	-
	De	ecember 31, 201	5
	Ordinary	Capital	Total
		•	
(a) Gross DTAs	-	-	-
(b) Statutory valuation allowance adjustment		-	-
(c) Adjusted gross DTAs	-	-	-
(d) DTAs nonadmitted		-	
(e) Subtotal net admitted DTAs	-	-	-
(f) DTLs		-	
(g) Net admitted DTAs/(DTLs)		_	-
		Change	
	Ordinary	Capital	Total
(a) Gross DTAs	-	-	-
(b) Statutory valuation allowance adjustment		-	-
(c) Adjusted gross DTAs	-	-	-
(d) DTAs nonadmitted		-	
(e) Subtotal net admitted DTAs	-	-	-
(f) DTLs		-	
(g) Net admitted DTAs/(DTLs)		-	-

### 2. The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

	De	cember 31, 2	2016	
	Ordinary	Capital	Total	
<ul><li>(a) Federal income taxes paid in prior years recoverable through loss carrybacks</li><li>(b) Adjusted gross DTAs expected to be realized (excluding</li></ul>	-	-	-	
the amount of DTAs) after application of the threshold limitations (the lesser of 2(b)1 and 2(b)2 below)  1. Adjusted gross DTAs expected to realized following the balance sheet date	-	-	-	
2. Adjusted gross DTAs allowed per limitation threshold	XXX	XXX	\$227,665	
<ul><li>(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs</li></ul>		-	-	
(d) DTAs admitted as the result of application of SSAP No. 101		-	-	
	December 31, 2015			
	Ordinary	Capital	Total	
(a) Federal income taxes paid in prior years recoverable				
through loss carrybacks (b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs) after application of the threshold	-	-	-	
limitations (the lesser of 2(b)1 and 2(b)2 below)  1. Adjusted gross DTAs expected to realized following	-	-	-	
the balance sheet date  2. Adjusted gross DTAs allowed per limitation threshold	- XXX	XXX	- \$225,797	
(c) Adjusted gross DTAs (excluding the amount of DTAs	7000	7000	Ψ220,101	
from 2(a) and 2(b) above) offset by gross DTLs (d) DTAs admitted as the result of application of SSAP No. 101		-	<u>-</u>	
(d) DTAS duffitted as the result of application of COAL 140. To t				
	Ordinary	Change Capital	Total	
	Ordinary	Сарітаі	Total	
<ul> <li>(a) Federal income taxes paid in prior years recoverable through loss carrybacks</li> <li>(b) Adjusted gross DTAs expected to be realized (excluding</li> </ul>	-	-	-	
the amount of DTAs) after application of the threshold limitations (the lesser of 2(b)1 and 2(b)2 below)	-	-	-	
<ol> <li>Adjusted gross DTAs expected to realized following the balance sheet date</li> </ol>	_	_	_	
Adjusted gross DTAs allowed per limitation threshold	XXX	XXX	\$1,868	
<ul><li>(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs</li></ul>				
(d) DTAs admitted as the result of application of SSAP No. 101		<u>-</u>	<u>-</u>	
· ·				
<del>-</del>	2016		2015	
<ul> <li>(a) Ratio percentage used to determine recovery period and threshold limitation amount</li> <li>(b) Amount of adjusted capital and surplus used to determine recovery period threshold limitation</li> </ul>	26,074%	26	5,102%	
1 0/100 L	Φ4 <b>547 70</b> 5	Φ4	E0E 04E	

3.

in 2(b)2 above

26.7

\$1,517,765 \$1,505,315

#### 4. The impact of tax planning strategies is as follows:

	December 31, 2016		
	Ordinary	Capital	Total
<ul> <li>(a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage</li> <li>1. Adjusted gross DTAs amount from Note 9A1(c)</li> </ul>	-	-	<u>-</u>
<ol> <li>Percentage of adjusted DTAs by tax character attributable to the impact of tax planning strategies</li> <li>Net admitted adjusted gross DTAs</li> </ol>	0%	0%	0%
amount from Note 9A1(e)  4. Percentage of net admitted adjusted DTAs by tax character admitted because of the impact of tax planning strategies	- 0%	- 0%	0%
planning offactograp			
		cember 31, 2015	Total
	Ordinary	Capital	Total
<ul> <li>(a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage</li> <li>1. Adjusted gross DTAs amount from Note 9A1(c)</li> <li>2. Percentage of adjusted DTAs by tax character attributable to the impact</li> </ul>	-	-	-
of tax planning strategies	0%	0%	0%
<ul> <li>3. Net admitted adjusted gross DTAs amount from Note 9A1(e)</li> <li>4. Percentage of net admitted adjusted DTAs by tax character admitted</li> </ul>	-	-	-
because of the impact of tax planning strategies	0%	0%	0%
		Change	
	Ordinary	Capital	Total
(a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage     1. Adjusted gross DTAs amount from			
Note 9A1(c)  2. Percentage of adjusted DTAs by tax character attributable to the impact	-	-	-
of tax planning strategies  3. Net admitted adjusted gross DTAs	0%	0%	0%
amount from Note 9A1(e)  4. Percentage of net admitted adjusted DTAs by tax character admitted because of the impact of tax	-	-	-
planning strategies	0%	0%	0%

- (b) Does the Company's tax-planning strategies include the use of reinsurance? Yes \_\_\_ No \_X\_
- B. There are no DTLs that were not recognized at December 31, 2016 or 2015.
- C. Current income taxes incurred consist of the following major components:

		December 31,		
		2016	2015	Change
1.	Current income tax			
	(a) Federal	\$1,457	\$(4,437)	\$5,894
	(b) Foreign	· -	-	-
	(c) Subtotal	1,457	(4,437)	5,894
	(d) Federal income tax on net capital gains	(2)	-	(2)
	(f) Other		-	-
	(g) Federal and foreign income taxes incurred	\$1,455	\$(4,437)	\$5,892

	December 31,		
	2016	2015	Change
2. DTAs:			
(a) Ordinary	-	-	-
Total ordinary DTAs	-	-	-
(b) Statutory valuation allowance adjustment	<del>-</del>	<u>-</u>	<del>-</del>
(c) Nonadmitted ordinary DTAs	-	-	-
(d) Admitted ordinary DTAs	-	-	-
(e) Capital			
Investments		-	-
Total capital DTAs	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted capital DTAs		=	-
(h) Admitted capital DTAs		<del>-</del>	-
(i) Admitted DTAs	-	-	-
3. DTLs:			
(a) Ordinary Ordinary DTLs		-	-
Ordinary DTES	-	-	-
(b) Capital			
Investments	_	-	-
Capital DTLs	-	-	-
(c) Total DTLs		-	-
4. Net admitted DTAs	-	-	-

The change in net deferred income taxes is comprised of the following:

	Decem		
	2016	2015	Change
Tatal DTA			
Total DTAs	-	-	-
Total DTLs	<del>_</del>	-	-
Net DTAs/(DTLs)	-	-	-
Tax effect of unrealized gains (losses)			
Change in net deferred income tax			_

The valuation allowance adjustment to gross DTAs was \$0 for both December 31, 2016 and 2015.

D. The provision (benefit) for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	December 31, 2016	Effective tax rate	December 31, 2015	Effective tax rate
Provision (benefit) computed at statutory rate Prior year true-up Prior period adjustment Other Total	\$1,455 (5,251) 5,251 - \$1,455	35.0% (126.3)% 126.3% 0.0% 35.0%	\$(4,481) - - - 44 \$(4,437)	35.0% 0.0% 0.0% (0.3)% 34.7%
Federal and foreign income tax (benefit) expense incurred Change in net deferred income taxes Total statutory income taxes	\$1,455 - \$1,455	35.0% 0.0% 35.0%	\$(4,437) - \$(4,437)	34.7% 0.0% 34.7%

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices as compared to what would be charged to an unrelated entity, which results in a permanent deduction for tax reporting purposes.

E.

- At December 31, 2016, the Company had no net capital loss or net operating loss carryforwards for tax 1.
- 2. The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is \$6,708 for the year ended December 31, 2016. There are no federal income taxes incurred that are available for recoupment in the event of future net losses for the year ended December 31, 2015.
- The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at 3 December 31, 2016 and 2015.

F.

1. At December 31, 2016, the Company's Federal Income Tax Return was consolidated with the following entities:

Aetna Inc. Broadspire National Services, Inc. @ Credentials Inc. bswift, LLC Active Health Management Inc. Carefree Insurance Services, Inc.

Claims Administration Corporation Adminco, Inc.

Administrative Enterprises, Inc. Cofinity, Inc.

AE Fourteen Incorporated Corporate Benefit Strategies, Inc. Aetna ACO Holdings, Inc. Coventry Consumer Advantage, Inc.

Aetna Better Health Inc. (Connecticut) Coventry Health and Life Insurance Company Aetna Better Health Inc. (Georgia) Coventry Health Care National Accounts, Inc. Aetna Better Health Inc. (Illinois) Coventry Health Care National Network, Inc. Coventry Health Care of Delaware, Inc. Aetna Better Health Inc. (New Jersey) Aetna Better Health Inc. (New York) Coventry Health Care of Florida, Inc. Aetna Better Health Inc. (Ohio) Coventry Health Care of Illinois, Inc. Aetna Better Health Inc. (Pennsylvania) Coventry Health Care of Kansas, Inc.

Aetna Better Health Inc. (Tennessee) Coventry Health Care of Missouri, Inc. Aetna Better Health of California Inc. Coventry Health Care of Nebraska, Inc. Aetna Better Health of Iowa Inc. Coventry Health Care of the Carolinas, Inc. Coventry Health Care of Virginia, Inc. Aetna Better Health of Kansas Inc. Aetna Better Health of Kentucky Insurance Coventry Health Care of West Virginia, Inc.

Company Coventry Health Care Workers' Compensation, Inc.

Aetna Better Health of Michigan Inc. Coventry Health Plan of Florida, Inc. Aetna Better Health of Missouri LLC Coventry HealthCare Management Corporation

Aetna Better Health of Nevada Inc. Coventry Prescription Management Services, Inc.

Aetna Better Health of Oklahoma Inc. Coventry Rehabilitation Services, Inc. Coventry Transplant Network, Inc. Aetna Better Health of Texas Inc. Aetna Better Health, Inc. (Louisiana) Delaware Physicians Care, Incorporated

Aetna Dental Inc. (New Jersey) Echo Merger Sub, Inc. Aetna Dental Inc. (Texas) First Health Group Corp.

Aetna Dental of California Inc. First Health Life and Health Insurance Company

Aetna Florida Inc. (fka Aetna Better Health Inc. First Script Network Services, Inc. Florida Health Plan Administrators, LLC (Florida)) FOCUS Healthcare Management, Inc. Aetna Health and Life Insurance Company

Aetna Health Inc. (Connecticut) Futrix Inc.

Aetna Health Inc. (Florida) Group Dental Service of Maryland, Inc. Aetna Health Inc. (Georgia) Group Dental Service, Inc.

Aetna Health Inc. (Louisiana) Health and Human Resource Center, Inc. Aetna Health Inc. (Maine) Health Data & Management Solutions, Inc.

Aetna Health Inc. (Michigan) Health Re, Incorporated Aetna Health Inc. (New Jersey) HealthAmerica Pennsylvania, Inc.

Aetna Health Inc. (New York) HealthAssurance Pennsylvania, Inc. Managed Care Coordinators, Inc.

Aetna Health Inc. (Pennsylvania) Aetna Health Inc. (Texas) Medicity Inc. Aetna Health Insurance Company Mental Health Associates, Inc.

Aetna Health Insurance Company of New York Mental Health Network of New York IPA, Inc.

Aetna Health of California, Inc. Meritain Health, Inc. Aetna Health of Iowa Inc. (fka Aetna Health Inc. MetraComp, Inc.

(lowa)) MHNet Life and Health Insurance Company

Aetna Health of Utah, Inc. MHNet of Florida, Inc. Aetna HealthAssurance Pennsylvania, Inc. Niagara Re, Inc. Aetna Insurance Company of Connecticut PayFlex Holdings, Inc.

Aetna Integrated Informatics, Inc. PayFlex Systems USA, Inc. Aetna International Inc. Performax, Inc. Aetna Ireland Inc. Precision Benefit Services, Inc.

Aetna Life & Casualty (Bermuda) Ltd. Prime Net, Inc. Aetna Life Assignment Company Prodigy Health Group, Inc. Aetna Life Insurance Company
Aetna Risk Assurance Company of Connecticut,
Inc.
Aetna Student Health Agency Inc.
AHP Holdings, Inc.
Allviant Corporation
American Health Holding, Inc.
AUSHC Holdings, Inc.

Professional Risk Management, Inc.
Resources for Living, LLC
Schaller Anderson Medical Administrators,
Incorporated
Strategic Resource Company
The Vasquez Group Inc.
U.S. Health Care Properties, Inc.
Work and Family Benefits, Inc.

- 2. As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.
- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- 10. Information concerning Parent, subsidiaries, affiliates, and other related parties
  - A., B. and C.

The Company did not pay any dividends in 2016 and 2015. The Company did not receive any capital contributions in 2016 and 2015.

D. Amounts due to and due from affiliates shown in the accompanying Statutory Statements of Assets, Liabilities, Capital and Surplus include the Company's net receipts and disbursements processed by affiliates and transactions related to its administrative services agreement with Aetna Health Management, LLC ("AHM"), indirectly a wholly-owned subsidiary of Aetna.

At December 31, 2016 and 2016, the Company reported \$4,720 and \$(770), respectively, as amounts due from (to) AHM related to this agreement.

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

- E. At December 31, 2016 and 2015, the Company did not have any guarantees or undertakings with its affiliates or parent company.
- F. As of and for the years ended December 31, 2016 and 2015, the Company had the following significant transactions with affiliates:

The Company and Aetna Health Management, LLC ("AHM"), indirectly a wholly-owned subsidiary of Aetna, are parties to an administrative services agreement, under which AHM provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned commercial, Medicaid and Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true-up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15<sup>th</sup> of the following contract year (which is January 1 to December 31 annually). The Company had no expenses under this agreement in 2016 and 2015 as it earned no premium revenue. This agreement also provides for interest on all intercompany balances. The Company had no material interest earned or incurred on amounts due from affiliates in 2016 and 2015.

The Company is a party to an agreement that enables the Company to receive manufacturers' pharmacy rebates from AHM under which the Company remits 10% of its earned pharmaceutical rebates to AHM as a fee. The Company had no earned pharmacy rebates in 2016 and 2015. The Company did not incur pharmaceutical rebate fees in 2016 and 2015. At December 31, 2016 and 2015, the Company did not have amounts due from AHM related to pharmaceutical rebates. The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

The amounts reported on the Underwriting and Investment Exhibit, Part 3 represent the expenses incurred under the terms of the administrative agreement, allocated to the Company in accordance SSAP No. 70 - Allocation of Expenses ("SSAP No. 70"). SSAP No. 70 states "shared expenses, including expenses under the terms of a management contract, shall be apportioned to the entities incurring the expense as if the expense had been paid solely by the incurring entity. The apportionment shall be completed based upon specific identification to the entity incurring the expense. Where specific identification is not feasible, apportionment shall be based upon pertinent factors or ratios." The Company allocates these expenses based upon a percentage calculated using actual general and administrative expenses incurred by AHM.

The Company has an insolvency agreement with Aetna Health Insurance Company ("AHIC"), a wholly-owned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any member until the end of the contract period for which premium has been paid, but for no longer than thirty-one days. AHIC will also make available to members, for a period of thirty-one days, replacement insurance policies.

As explained in Note 1, the Company participates in a tax sharing agreement with Aetna and Aetna's other subsidiaries. All federal income tax receivables/payables are due from/due to Aetna.

- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is Aetna.
- H. At December 31, 2016, the Company did not own shares of any upstream intermediate of Aetna.
- I. At December 31, 2016, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.
- J. At December 31, 2016, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2016, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2016, the Company did not hold any investments in a downstream noninsurance holding company.

#### M and N.

At December 31, 2016, the Company did not have any SCA investments.

#### 11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2016.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2016.

## 12. Retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefit plans

The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2016 or 2015.

#### 13. Capital and surplus, shareholders' dividend restrictions and quasi-reorganizations

- (1) The Company had 5,000 shares of common stock with \$.01 par value authorized, with 1,000 shares issued and outstanding at December 31, 2016 and 2015.
- (2) The Company had 50 shares of preferred stock with \$.01 par value authorized, no shares issued and outstanding at December 31, 2016 and 2015.

#### (3) Dividend restrictions

Shareholder dividends shall be declared or paid only from earned surplus, unless the Michigan Department approves the dividend prior to payment. Dividends not requiring prior approval are limited to the greater of 10% of the insured's surplus as regards policyholders as of December 31 of the immediately preceding year, or the net income, not including realized capital gains, for the 12 month period ending December of the immediately preceding year. Ordinary dividends are ultimately limited to earned surplus.

- (4) The Company did not pay any dividends in 2016 and 2015.
- (5) At December 31, 2016 and 2015, there was no portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2016 or 2015, except as noted in Note 21.
- (7) Not applicable to the Company.
- (8) The Company did not hold any stock for any special purposes at December 31, 2016 or 2015.
- (9) There were no changes in the balances of any special surplus funds from the prior period.
- (10) At December 31, 2016 and 2015, there was no portion of unassigned funds or surplus that was represented or reduced by unrealized gains and losses.
- (11) The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2016 or 2015.
- (12) The Company did not participate in any quasi-reorganizations during the statement year.
- (13) The Company did not participate in any quasi-reorganizations in the past 10 years.

#### 14. Contingencies

- A. The Company did not have any contingent commitments at December 31, 2016 or 2015.
- B. The Company did not have any contingent assessments at December 31, 2016 or 2015.
- C. The Company did not have any gain contingencies at December 31, 2016 or 2015.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2016 or 2015.
- E. The Company did not have any joint and several liability arrangements at December 31, 2016 or 2015.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books. The Company has coverage for certain litigation exposures (\$10,000,000 per claim and in the aggregate including defense costs) through an unaffiliated insurance company.

#### 15. Leases

The Company did not have any material lease obligations at December 31, 2016 or 2015.

### 16. <u>Information about financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk</u>

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2016 or 2015.

#### 17. Sale, transfer and servicing of financial assets and extinguishments of liabilities

#### A. <u>Transfers of receivables reported as sales</u>

(1) The Company did not have any transfers of receivables as sales for the years ending December 31, 2016 and 2015.

#### B. <u>Transfer and servicing of financial assets</u>

(1) The Company's policy for requiring collateral or other security for security lending transactions as required in SSAP No. 103 is discussed in Note 1. The Company did not have any loaned securities at December 31, 2016 or 2015.

#### (2) and (3)

The Company did not have any servicing assets or liabilities at December 31, 2016 or 2015.

- (4) The Company did not have any securitized financial assets at December 31, 2016 or 2015.
- (5) The Company did not have any transfers of financial assets at December 31, 2016 or 2015.
- (6) The Company did not have any transfers of receivables with recourse at December 31, 2016 or 2015.
- (7) The Company did not have any repurchase or reverse repurchase agreements at December 31, 2016 or 2015.

#### C. Wash sales

(1) The Company did not have any wash sales for the years ending December 31, 2016 or 2015.

#### 18. Gain or loss to the HMO from uninsured plans and the uninsured portion of partially insured plans

- A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2016.
- B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2016.
- C. The Company did not have any Medicare or other similarly structured cost based reimbursement contracts for the period ended December 31, 2016.

#### 19. Direct premium written/produced by managing general agents/third party administrators

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2016 and 2015.

#### 20. Fair value measurements

#### A. and B.

The Company had no material assets or liabilities measured and reported at fair value at December 31, 2016 or 2015

- C. Certain of the Company's financial instruments are measured at fair value in the financial statements. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by U.S. generally accepted accounting principles. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
  - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
  - Level 2 Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
  - Level 3 Developed from unobservable data, reflecting our own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, we use these quoted market prices to determine the fair value of financial assets and liabilities and classify these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, we estimate fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, we determine fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

The carrying values and estimated fair values of the Company's financial instruments at December 31, 2016 and 2015 were as follows:

Not

#### December 31, 2016

	Aggregate fair value	Admitted assets	Level 1	Level 2	Level 3	practicable (carrying value)
Bonds, short-term investments and						
cash equivalents	\$1,501,169	\$1,515,671	\$1,492,475	\$8,694	-	
Total	\$1,501,169	\$1,515,671	\$1,492,475	\$8,694	-	-
<u>December 31, 2015</u>						Not practicable
	Aggregate fair value	Admitted assets	Level 1	Level 2	Level 3	(carrying value)
Bonds, short-term investments and	fair value	assets			Level 3	(carrying
•	fair		Level 1 \$1,497,047 \$1,497,047	Level 2 \$959 \$959	Level 3	(carrying

The valuation methods and assumptions used by the Company in estimating the fair value of debt securities are discussed in Note 1.

There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2016 or 2015. There were no transfers between the Company's Level 1 or 2 financial assets during 2016 or 2015.

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.

## 21. Other items

#### A. Extraordinary items

The Company did not have any extraordinary items for the years ended December 31, 2016 and 2015.

#### B. <u>Troubled debt restructuring: debtors</u>

The Company did not have any troubled debt restructuring in the years ended December 31, 2016 and 2015.

## C. Other disclosures and unusual items

#### (1) Minimum capital and surplus

Under the laws of the State of Michigan, for a health maintenance organization that contracts or employs providers in numbers sufficient to provide 90% of the health maintenance organization's benefit payout, minimum capital and surplus is the greatest of the following: 1) \$1,500,000, 2) 4% of the health maintenance organization's subscription revenue, or 3) three months' uncovered expenditures. At December 31, 2016 and 2015, the Company's capital and surplus exceeded all such requirements.

The NAIC and the State of Michigan adopted risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of the company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2016 and 2015, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

#### (2) Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, "Health Care Reform" or "ACA"), has made broad-based changes to the U.S. health care system. On January 20, 2017, the President signed an executive order that gives the regulatory agencies that enforce the ACA the authority to interpret regulations issued under the ACA in a way that limits fiscal burdens on states and financial or regulatory burdens on individuals, providers, health insurers and others. The practical implications of that order are unclear, and the future of the ACA is uncertain. While we anticipate efforts in 2017 and beyond to substantially modify, repeal or replace the ACA, the Company expects aspects of the ACA to continue to significantly impact the Company's business operations and operating results, including the Company's pricing, medical benefit ratios and the geographies in which the Company's products are available. Health Care Reform has presented the Company with business opportunities, but also with financial and regulatory challenges. Most of the ACA's key components were phased in during or prior to 2014, including Public Exchanges, required minimum MLRs in commercial and Medicare products, the individual coverage mandate, guaranteed issue, rating limits in individual and small group products, significant new industry-wide fees, assessments and taxes, enhanced premium rate review and disclosure processes, reduced Medicare Advantage payment rates to insurers, and linking Medicare Advantage payments to a plan's Centers for Medicare and Medicaid Services ("CMS") quality performance ratings or "star ratings." The effects of these changes are reflected in the Company's operating results. If the ACA is not amended, repealed or replaced, certain of its components will continue to be phased in until 2020.

The Company has dedicated and expects to continue to be required to dedicate significant resources and incur significant expenses during 2017 to implement and comply with Health Care Reform and changes in Health Care Reform as well as state level health care reform. While most of the significant aspects of Health Care Reform became effective during or prior to 2014, significant parts of Health Care nondiscrimination requirements, continue to evolve through the Reform, including aspects of promulgation of executive orders, regulations and guidance. Additional changes to Health Care Reform and those regulations and guidance at the federal and/or state level are likely, and those changes are likely to be significant. Growing state and federal budgetary pressures make it more likely that any changes, including changes at the state level in response to changes to, or repeal or replacement of, Health Care Reform and/or changes in the funding levels and/or payment mechanisms of federally supported benefit programs, will be adverse to us. Given the inherent difficulty of foreseeing the nature and scope of future changes to Health Care Reform and how states, businesses and individuals will respond to those changes, the Company cannot predict the impact to the Company of future changes to Health Care Reform. It is reasonably possible that repeal or replacement of or other changes to Health Care Reform and/or states' responses to such changes, in the aggregate, could have a significant adverse effect on the Company's business operations and financial results.

Potential repeal of Health Care Reform, ongoing legislative and regulatory changes to Health Care Reform, other pending efforts in the U.S. Congress to amend or restrict funding for various aspects of Health Care Reform (including risk corridors and Health Care Reform's Cost Sharing Subsidy program), the results of the 2016 presidential, congressional and state level elections, pending litigation challenging aspects of the law and federal budget negotiations continue to create uncertainty about the ultimate impact of Health Care Reform. Examples of recent legislative and regulatory changes include: the January 20, 2017 executive order relating to Health Care Reform; the November 2016 HHS announcement that risk corridor collections for the 2015 program year will be applied first to amounts owed to plans for the 2014 program year; the May 2016 final regulations relating to Health Care Reform's non-discrimination requirements; the December 2015 suspension of the health insurer fee for 2017 and two year delay of the "Cadillac" tax on high-cost employer-sponsored health coverage; the October 2015 PACE, which leaves groups with 51 to 100 employees within the large group category for each state unless the state exercises its option to include these groups within the small group category; and the October 2015 HHS announcement that Health Care Reform's risk corridor receivables for the 2014 program year would only be funded at 12.6%. With respect to pending litigation, in May 2016, the U.S. District Court for the District of Columbia ruled that the U.S. Department of Health and Human Services does not have the authority to make payments under Health Care Reform's Cost Sharing Subsidy program. Implementation of this decision has been stayed pending appeal. A final ruling that adversely impacts the Cost Sharing Subsidy program could cause significant adverse selection in individual Public Exchange products and instability in the individual Public Exchange marketplace and could have a material adverse effect on the Company's business, cash flows, financial condition and operating results as well as hinder the Company's ability to offer Public Exchange products.

As described above, the availability of funding for the ACA's temporary risk corridor program is an example of this uncertainty. The Company continues to believe that receipt of any risk corridor payment from HHS for the 2016 or 2015 program year and receipt of such payments in excess of the announced prorated amount for the 2014 program year are uncertain. At December 31, 2016, the Company had no receivable for the remaining 2014 program year prorated amount that had not been collected from HHS and had no receivable for either of the 2015 or 2016 program years. In addition, these limited risk corridor payments created additional instability in the marketplace for individual commercial products in 2016 and going forward by contributing to decisions by health plans to change or stop offering their Public Exchange products. 2016 was the last program year for Health Care Reform's risk corridor program. Ongoing uncertainty regarding the funding of Health Care Reform-related programs and subsidies can be expected to create additional instability in the marketplace.

In addition to efforts to amend, repeal or replace Health Care Reform and the related regulations, the federal and state governments also continue to enact and seriously consider many other broad-based legislative and regulatory proposals that have had a material impact on or could materially impact various aspects of the health care and related benefits system and the Company's business. The Company cannot predict whether pending or future federal or state legislation or court proceedings, including future U.S. Congressional appropriations, will change various aspects of the health care and related benefits system or Health Care Reform or the impact those changes will have on the Company's business operations or operating results, but the effects could be materially adverse.

In addition, Health Care Reform ties a portion of each Medicare Advantage plans' reimbursement to the achievement of favorable CMS quality performance measures ("star ratings"). Since 2015, only Medicare Advantage plans with an overall star rating of four or more stars (out of five stars) are eligible for a quality bonus in their basic premium rates. As a result, the Company's Medicare Advantage plans' operating results in 2017 and going forward will be significantly affected by their star ratings.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2016 or 2015.
- E. The Company did not have any transferable and non-transferable state tax credits for the years ending December 31, 2016 or 2015.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2016 or 2015.
- G. The Company did not have any retained assets at December 31, 2016 or 2015.
- H. The Company did not have any insurance-linked securities ("ILS") contracts at December 31, 2016 or 2015.

#### 22. Events subsequent

### A. <u>Type I - Recognized subsequent events</u>

Subsequent events have been considered through February 24, 2017 for the statutory statement issued on March 1, 2017.

The Company had no known reportable recognized subsequent events.

### B. Type II - Nonrecognized subsequent events

Subsequent events have been considered through February 24, 2017 for the statutory statement issued on March 1, 2017.

The Company had no known reportable nonrecognized subsequent events.

#### 23. Reinsurance

The Company did not have any reinsurance recoverables in dispute, reinsurance assumed, uncollectible reinsurance, commutation of ceded reinsurance, or retroactive reinsurance at December 31, 2016 or 2015.

#### 24. Retrospectively rated contracts and contracts subject to redetermination

#### A. and B.

The Company did not have any retrospectively rated contracts in 2016 or 2015.

#### C. Contracts subject to redetermination

The Company did not have any contracts subject to redetermination in 2016 or 2015.

#### D. Medical loss ratio rebates required pursuant to the Public Health Service Act

The Company did not have any medical loss ratios required pursuant to the Public Health Service Act in 2016 or 2015.

#### E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)?

  No
- (2) through (5): Not applicable.

#### 25. Change in incurred claims and claims adjustment expense

There was no material change in incurred claims and claims adjustment expense at December 31, 2016 or 2015.

### 26. Intercompany pooling arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2016 or 2015.

## 27. Structured settlements

Not applicable to health entities.

#### 28. Health care receivables

## A. <u>Pharmaceutical rebate receivables</u>

The Company did not have any pharmaceutical rebate receivables at December 31, 2016 and 2015.

## B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2016 or 2015.

## 29. Participating policies

The Company did not have any participating policies at December 31, 2016 or 2015.

### 30. Premium deficiency reserves

December 31, 2016

- 1. Liability carried for premium deficiency reserves
- 2. Date of the most recent evaluation of this liability
- 3. Was anticipated investment income utilized in the calculation?

#### \$0 12/31/2016 Yes

## 31. Anticipated salvage and subrogation

See discussion of hospital and medical costs and claims adjustment expenses and related reserves in Note 1.

## **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, is an insurer?		Yes [ X	1 1	lo [ ] ol
	If yes, complete Schedule Y, Parts 1, 1A and 2		100 [ A	, "	10 [ ]
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintent such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration st providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commission its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the report subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	tatement oners (NAIC) in ting entity	X] No[	]	N/A [ ]
1.3	State Regulating?		Michi	gan	
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed o reporting entity?		Yes [	] N	lo [ X ]
2.2	If yes, date of change:	·····			
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/31/	2015	
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the entity. This date should be the date of the examined balance sheet and not the date the report was completed or relea		12/31/	2010	
3.3	State as of what date the latest financial examination report became available to other states or the public from either th domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of examination (balance sheet date).	of the	12/31/	2010	
3.4	By what department or departments?				
	Michigan Department of Insurance and Financial Services				
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subseque statement filed with Departments?		] No [	]	N/A [ X ]
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [	] No [	]	N/A [ X ]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service org combination thereof under common control (other than salaried employees of the reporting entity), receive credit or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  4.11 sales of new business?	mmissions for or			
4.2	4.12 renewals?  During the period covered by this statement, did any sales/service organization owned in whole or in part by the reportir receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business mea	g entity or an affiliate,	Yes [	j N	10 [ X ]
	premiums) of: 4.21 sales of new business?				
	4.22 renewals?		Yes [	] N	lo [ X ]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		Yes [	] N	lo [ X ]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for ceased to exist as a result of the merger or consolidation.	any entity that has			
	1 2 Name of Entity NAIC Company Code State of	3 f Domicile			
	Name of Entity NAIC Company Code State of				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if apprevoked by any governmental entity during the reporting period?		Yes [	] N	lo [ X ]
6.2	If yes, give full information: N/A				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes [	] N	lo [ X ]
7.2	If yes,				
	<ul><li>7.21 State the percentage of foreign control;</li><li>7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney</li></ul>	its manager or	(	0.0	%
	1 2 Nationality Type of Entity				

8.1 8.2		Yes [	]	No [	Х ]				
8.3	N/A	irms?				Yes [	]	No [	X ]
8.4	If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission (FDIC) and the Securities (FDIC) (	e Office of the Comptroller of the Currency (O	CC), the Fed	leral Dep	deral osit				
	1	2	3	4	5	6			
	Affiliate Name	Location (City, State)	FRB	OCC	FDI	C SEC			
9.	What is the name and address of the independent certified public according to the independent certified public acc	ountant or accounting firm retained to conduct	the appual of	udit2	I		_		
Э.	KPMG LLP, One Financial Plaza, 755 Main Street, Hartford, CT 06103	3	ine amuai a	iuuii :					
10.1	Has the insurer been granted any exemptions to the prohibited non-au requirements as allowed in Section 7H of the Annual Financial Reportation or regulation?	udit services provided by the certified independenting Model Regulation (Model Audit Rule), or	substantially	similar s	tate	Yes [	1	No ſ	X 1
10.2	If the response to 10.1 is yes, provide information related to this exemple N/A	ption:					•		
10.3	Has the insurer been granted any exemptions related to the other requallowed for in Section 18A of the Model Regulation, or substantially s	uirements of the Annual Financial Reporting M	odel Regulat	ion as		Yes [	1	No [	X ]
10.4	If the response to 10.3 is yes, provide information related to this exemply N/A	ption:				•	•	•	•
10.5	Has the reporting entity established an Audit Committee in compliance	e with the domiciliary state insurance laws?			Yes [	X ] No [	1	N/A	1 ]
10.6									
11.	What is the name, address and affiliation (officer/employee of the repo- firm) of the individual providing the statement of actuarial opinion/cert William R. Jones, FSA, MAAA; 151 Farmington Avenue, RE2R; Hartfo	orting entity or actuary/consultant associated v tification?	ith an actuai	ial consi	ulting				
12.1	Does the reporting entity own any securities of a real estate holding co	ompany or otherwise hold real estate indirectly	?			Yes [	]	No [	Χ]
	12.11 Name of real 6	estate holding company N/A							
		rcels involved							
	12.13 Total book/adj	justed carrying value				\$			0
12.2	If, yes provide explanation: N/A								
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITI								
13.1	What changes have been made during the year in the United States m N/A								
13.2	Does this statement contain all business transacted for the reporting e						]	No [	]
13.3	Have there been any changes made to any of the trust indentures duri								
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the state of the state					] No [	]	N/A	· [ ]
14.1	Are the senior officers (principal executive officer, principal financial of similar functions) of the reporting entity subject to a code of ethics, which is the principal financial of the senior officers (principal executive officer, principal financial of similar functions) of the reporting entity subject to a code of ethics, which is the principal executive officers (principal executive officers, principal financial of similar functions) of the reporting entity subject to a code of ethics, which is the principal executive officers (principal executive officers) of the reporting entity subject to a code of ethics, which is the principal executive officers (principal executive officers) of the reporting entity subject to a code of ethics, which is the principal executive officers (principal executive officers) of the reporting entity subject to a code of ethics, which is the principal executive officers (principal executive officers) of the principal executive officers (principal executive officers) of the principal executive officers (principal executive officers) of the principal executive of the principal executive of the principal executive officers (principal executive officers) of the principal executive of th	fficer, principal accounting officer or controller,	or persons p	erformin	g	V 2 2 2 V	/ 1	No I	1
	<ul> <li>(a) Honest and ethical conduct, including the ethical handling of actual relationships:</li> </ul>	I or apparent conflicts of interest between pers	onal and pro	fessiona	I	Tes [ /	<b>,</b> ]	NO [	1
	(b) Full, fair, accurate, timely and understandable disclosure in the per	riodic reports required to be filed by the reporti	ng entity;						
	(c) Compliance with applicable governmental laws, rules and regulation								
	(d) The prompt internal reporting of violations to an appropriate person	n or persons identified in the code; and							
	(e) Accountability for adherence to the code.								
14.11	If the response to 14.1 is No, please explain:  N/A								
14.2	Has the code of ethics for senior managers been amended?					Yes [ )	( 1	No ſ	1
	If the response to 14.2 is yes, provide information related to amendme					/	. 1	[	,
	See Attachment A								
	Have any provisions of the code of ethics been waived for any of the s	specified officers?				Yes [	]	No [	Χ]
	If the response to 14.3 is yes, provide the nature of any waiver(s).								

	<ul> <li>Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?</li> <li>If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming</li> </ul>							х] о	]
	1 American	titer of Gredit and describe the circumstances in which the L	etter of Gredit is trigge	3			4		]
	Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances	That Can Trigger the Letter of Credit		Am	ount		
									_
16.	Is the purchase	or sale of all investments of the reporting entity passed upo	n either by the board o	of directors or a subordinate committee	)	V . F V			
17.	Does the reporti	ing entity keep a complete permanent record of the proceed	lings of its board of dire	ectors and all subordinate committees		Yes [ X			J 1
18.	SVO Bank Lis??  If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.  3  American Bankers Association (ABA) Routing or Confirming Bank Name  BOARD OF DIRECTORS  Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?  Does the reporting entity are established procedure for disclosure to its board of directors and all subordinate committee thereof?  Does the reporting entity are established procedure for disclosure to its board of directors or instees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?  FINANCIAL  Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles (e.g.					Yes [ X Yes [ X		_	]
			_						
19.	Has this stateme	ent been prepared using a basis of accounting other than S	tatutory Accounting Pr	inciples (e.g., Generally Accepted		Yes [	1 No	ηľΧlη	1
20.1									
				20.13 Trustees, supreme or grand		•			٥
20.2	Total amount of	loans outstanding at the end of year (inclusive of Separate	Accounts, exclusive of	(Fraternal Only)f		.\$			0
_0		Tourist Substantialing at the Sha Sha (motastre of Soparate	, recounte, exerce.ve e	20.21 To directors or other officers					
						\$			0
				20.23 Trustees, supreme or grand		¢			٥
21.1	Were any asset	s reported in this statement subject to a contractual obligati	on to transfer to another			به			0
	obligation being	g reported in the statement?				Yes [	] No	о [ Х	]
21.2	If yes, state the	amount thereof at December 31 of the current year:		21.21 Rented from others		\$			0
22.1	Does this staten	nent include payments for assessments as described in the ciation assessments?	Annual Statement Ins	tructions other than guaranty fund or					
22.2			22	2.21 Amount paid as losses or risk adj	ustment	\$			0
			22	2.22 Amount paid as expenses		\$			.250
00.4	D								
23.1 23.2	If ves. indicate a	ing entity report any amounts due from parent, subsidiaries any amounts receivable from parent included in the Page 2	or affiliates on Page 2 amount:	of this statement?		Yes [ X	] No	0 [	]
	you,a.oa.o a								0
24.01		cks, bonds and other securities owned December 31 of cur	rent year, over which t			V [ V	. 1 NI	. [	1
24 02	·		urities lending program	ns addressed in 24.03)		Yes [ X	] 140	0 [	J
-4.02									
24.03	whether collate	eral is carried on or off-balance sheet. (an alternative is to re	eference Note 17 where	e this information is also provided)					
24.04					Yes [	] No [	]	N/A [	Х ]
24.05	If answer to 24.0	04 is yes, report amount of collateral for conforming program	าร			\$			0
24.06	If answer to 24.0	04 is no, report amount of collateral for other programs				\$			0
24.07	BOARD OF DIRECTORS  she purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?  Joes the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?  Jas the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, frustees or responsible employees that is in conflict with the official duties of such person?  FINANCIAL  Jas this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Fortal amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):  20.18 To directors or other officers.  20.19 To directors or other officers.  20.19 To directors or other officers.  20.19 To directors or other officers.  20.21 To directors or other officers.  20.21 To directors or other officers.  20.22 To stockholders not officers.  20.23 To stockholders not officers.  20.24 To directors or other officers.  20.25 To stockholders not officers.  20.26 To stockholders not officers.  20.27 To stockholders not officers.  20.28 To stockholders not officers.  20.29 To stockholders not officers.  20.29 To stockholders not officers.  20.21 To directors or other officers.  20.22 To stockholders not officers.  20.22 To directors or other officers.  20.22 To dire		Yes [	] No [	]	N/A [	Χ]		
24.08	Does the reporti	ing entity non-admit when the collateral received from the c	ounterparty falls below	100%?	Yes [	] No [	] !	N/A [	Χ]
24.09	Does the reporti	ing entity or the reporting entity 's securities lending agent u	tilize the Master Secur	rities lending Agreement (MSLA) to	Yes [	] No [	]	N/A [	Х

24.10	For the reporting entity's security lending progra	am state the amount of	the following as Decen	nber 31 of the cur	rent year:				
	24.101 Total fair value of reinve	ested collateral assets	reported on Schedule [	DL, Parts 1 and 2.		\$			
	24.102 Total book adjusted/car	rrying value of reinveste	ed collateral assets rep	orted on Schedule	e DL, Parts 1 and 2	\$			
	24.103 Total payable for securi	ities lending reported o	n the liability page			\$			
25.1	control of the reporting entity, or has the report	ting entity sold or transf	erred any assets subje	ect to a put option	contract that is currently in	Yes [ X ] No [ ]			
25.2	If yes, state the amount thereof at December 31	of the current year:	25 21 Si	ubject to repurcha	ise agreements	\$			
		•							
		Nature of Restriction    1							
						\$			
			25.26 Le	etter stock or secu	Irities restricted as to sale -	<b>\$</b>			
			25 27 FI	II R Canital Stock	apital Stock	Φ \$			
			25.28 O	n deposit with sta	tes	\$ 1.152.06			
			25.29 O	n deposit with oth	er regulatory bodies	\$			
			25.30 PI	edged as collater	al - excluding collateral pledged	l to			
			25.31 Pl	edged as collater	al to FHLB - including assets	Φ			
			l l	packing funding a	greements	\$			
			25.32 O	ther		\$			
25.3	For category (25.26) provide the following:			2		3			
	Nature of Restriction			Description	on	Amount			
26.1 26.2	2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?Yes								
27.1	Were any preferred stocks or bonds owned as	of December 31 of the	current year mandatori	y convertible into	equity, or, at the option of the				
27.2	If yes, state the amount thereof at December 31	of the current year				\$			
28.	offices, vaults or safety deposit boxes, were all custodial agreement with a qualified bank or tr	I stocks, bonds and oth ust company in accord	er securities, owned the ance with Section 1, III	roughout the curre - General Examir	ent year held pursuant to a nation Considerations, F.				
28.01	For agreements that comply with the requireme	nts of the NAIC Financ	ial Condition Examiner	s Handbook, com	plete the following:				
	1				2				
		01 1 01	15 10 1						
	State Street Bank and Trust Company	State Str	eet Financial Center;	One Lincoln Stre	eet; Boston, MA 02111-29000				
28.02	For all agreements that do not comply with the and a complete explanation:	requirements of the NA	IC Financial Condition	Examiners Handb	book, provide the name, location	1			
						ation(a)			
	iname(s)		LUCATION(S)		Complete Explana	uion(s)			
28.03 28.04		-	ian(s) identified in 28.0	1 during the curre	nt year?	Yes [ ] No [ X ]			
	1 Old Oustadism	N 0		3	4				
	Old Custodian	New Cu	stodian	Date of Chan	ge Reaso	וזנ			
	<u> </u>				······				

28.05	make investment decision	Identify all investment advisors, investment on behalf of the reporting entity. For asset to the investment accounts"; "handle	ssets that are							
		1		2						
	14 . 1 . 2	Name of Firm or Individual	1.	Affiliation						
		Investment Officer								
	28.0597 For those firms/ind designated with a	dividuals listed in the table for Question 2 "U") manage more than 10% of the repo	28.05, do any orting entity's a	firms/individual				Ye:	s [ ]	No [ X
	total assets under	als unaffiliated with the reporting entity (i. management aggregate to more than 50	.e. designated 0% of the repo	orting entity's as	ed in the table ssets?	for Question	1 28.05, does the	Ye:	s [ ]	No [ X
28.06	For those firms or individua the table below.	als listed in the table for 28.05 with an affi	filiation code o	f "A" (affiliated)	or "U" (unaffi	liated), provi	de the information	for		
	1	2		3			4		Leve	5
	Central Registration Depository Number	Name of Firm or Individua	al	Legal Entity Id	entifier (LFI)		Registered With		Man: Agr	estment agement eement A) Filed
	N/A			I/A						
29.1 29.2	Does the reporting entity he Exchange Commission (S If yes, complete the following	ave any diversified mutual funds reported EC) in the Investment Company Act of 1 ng schedule:	d in Schedule 1940 [Section	D, Part 2 (diver 5(b)(1)])?	rsified accordi	ng to the Sec	curities and	Yes	; [ ]	No [ X
	1			2					3	
	CUSIP#		Name of N	Mutual Fund					k/Adjust ying Val	
	29.2999 - Total									0
	Name of Mutu	1 ual Fund (from above table)	Na	2 me of Significa Mutual	nt Holding of t	he	3 Amount of Mu Fund's Book/Ad Carrying Val Attributable to Holding	justed ue	4 Date Valua	e of
30.	Provide the following inform statement value for fair value	nation for all short-term and long-term bo lue.	onds and all p	referred stocks	. Do not subs	titute amortiz	zed value or			
				1	2	1_	3	7		
			,	nt (Admitted) Value	Fair Val	ov	cess of Statemen er Fair Value (-), c Fair Value over Statement (+)	or		
					1,		(14,50			
	30.2 Preferred stocks 30.3 Totals			1,515,671	1	0   501 . 169	(14,50			
	30.3 Totals			1,010,071	1,	301,100	(14,00	<u>· /  </u>		
30.4		ethods utilized in determining the fair valu								
31.1	Was the rate used to calcu	late fair value determined by a broker or	custodian for	any of the secu	urities in Sche	dule D?		Yes	s [ X ]	No [
	If the answer to 31.1 is yes	, does the reporting entity have a copy of used as a pricing source?	f the broker's	or custodian's p	oricing policy (	hard copy or	electronic copy) f	or	s [ X ]	-
31.3	value for Schedule D:	describe the reporting entity's process fo		•		. •				
	Have all the filing requirem If no, list exceptions:	ents of the Purposes and Procedures Ma	anual of the N	AIC Investmen	t Analysis Offi	ce been follo	wed?	Yes	; [ X ]	No [

## **GENERAL INTERROGATORIES**

## **OTHER**

33.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?		\$	0
33.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the to service organizations and statistical or rating bureaus during the period covered by this statement.	otal payments to trade a	ssociations,	
	1 Name	2 Amount Paid		
34.1	Amount of payments for legal expenses, if any?		\$	0
34.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment the period covered by this statement.	nents for legal expenses	5	
	1 Name	2 Amount Paid		
35.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or department	nents of government, if a	any?\$	0
35.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment connection with matters before legislative bodies, officers or departments of government during the period c		t.	
	1 Name	2 Amount Boid		
	Name	Amount Paid		

Attachment A

December 31, 2016 General Interrogatories Responses

## **Question 14.21**:

The key substantive changes include:

- Updated message from the Chairman
- Updated and expanded examples of conflicts of interest by increasing the threshold of stock ownership and adding running for, or holding, a public office
- Increased the business gift limit from \$25.00 to \$50.00
- Updated gift, reward, incentive and promotional program restrictions for members of government plans
- Added a section on employees' responsibility for their licensure and certification renewals
- Clarified the definition of 'social media' and expanded the rules for its use
- Updated guidance on protecting Aetna's intellectual property
- Expanded guidance regarding personal political contributions
- Clarified reporting requirements for government contract lobbying or procurement activities
- Introduced the requirement to report a felony conviction or plea to Investigative Services
- Added a section that specifically addresses Fraud, Waste and Abuse
- Added a section on proper supplier engagement process

There are also numerous non-substantive clarifying and conforming changes and updates to the factual information contained in the Code of Conduct, such as the level of giving by the Aetna Foundation since 1980, the inclusion of 'bullying' as a form of harassment, and the addition of anti-human trafficking, bribery and kickback laws relating to our government business.

## Question 30.4:

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximates fair value. The carrying value of cash equivalents which approximates fair value.

## **GENERAL INTERROGATORIES**

## PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in					
1.2	If yes, indicate premium earned on U.S. business only.					
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insu	Irance Experience Exhibit?	.\$			
	1.31 Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canadian and/or Other A	Alien not included in Item (1.2) above	\$			0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.					0
1.6	Individual policies:	Most current three years:				
		1.61 Total premium earned	.\$			0
		1.62 Total incurred claims	.\$			0
		1.63 Number of covered lives				0
		All years prior to most current three years:				
		1.64 Total premium earned	.\$			0
		1.65 Total incurred claims				
		1.66 Number of covered lives				0
		• • • • • • • • • • • • • • • • • • • •				
1.7	Group policies:	Most current three years:	Φ			٥
		1.71 Total premium earned 1.72 Total incurred claims				
		1.72 Total incurred claims	.ФФ.			0
		All years prior to most current three years:				0
		1.74 Total premium earned				0
		1.75 Total incurred claims				
		1.76 Number of covered lives				
2.	Health Test:					
		1 2				
	2.1 Premium Numerator	Current Year Prior Year				
	2.1 Premium Numerator					
	2.3 Premium Ratio (2.1/2.2)					
	2.4 Reserve Numerator					
	2.5 Reserve Denominator					
	2.6 Reserve Ratio (2.4/2.5)					
3.1	Has the reporting entity received any endowment or gift from contracting ho	ospitals physicians dentists or others that is agreed will be				
0.1	returned when, as and if the earnings of the reporting entity permits?		Yes [	] 1	√o [ X	( )
3.2	If yes, give particulars:					
	N/A					
4.1	Have copies of all agreements stating the period and nature of hospitals', p dependents been filed with the appropriate regulatory agency?		Yes [	1 1	No EX	y 1
	dependents been med with the appropriate regulatory agency:		100 [		10 [ //	, 1
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do	these agreements include additional benefits offered?	Yes [	] 1	√o [ X	( )
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [	1 1	No [ )	X 1
	, , ,					-
5.2	If no, explain:					
	The Company does not have stop loss insurance.					
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical	¢			0
5.5	Maximum retained risk (see instructions)	5.32 Medical Only				
		5.33 Medicare Supplement	\$			0
		5.34 Dental & Vision	.\$			0
		5.35 Other Limited Benefit Plan	\$			0
		5.36 Other	.\$			0
•						
6.	Describe arrangement which the reporting entity may have to protect subschold harmless provisions, conversion privileges with other carriers, agreen					
	agreements:					
	The Company does not currently sell or insure members in Michigan.					
7.4	Donath.	andra data basis0	V 1 00V	/ 1 <i>!</i>	No I	,
7.1	Does the reporting entity set up its claim liability for provider services on a s	service date basis?	res [ A	. j r	10 [	1
7.2	If no, give details					
	N/A					
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year .				0
	· · · · · ·	8.2 Number of providers at end of reporting year				
9.1	Does the reporting entity have business subject to premium rate guarantees	s?	Yes [	] [	40 [ X	( ]
0.0	If you allow a constitute a constitute and the	0.04 Pusings at 111	Φ.			0
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months. 9.22 Business with rate guarantees over 36 months	\$ •			U
		3.22 Dusiness with rate guarantees over 36 months	Ф			0

10.1	Does the reporting entity have Incentive Pool, Wit	hhold or Bonus Arı	rangements in its p	rovider contracts?			Yes [ ] No	[ X ]
10.2	If yes:		1( 1(	0.22 Amount actua 0.23 Maximum am	lly paid for year bo ount payable withh	sesoldshholds	\$ \$	0
11.1	Is the reporting entity organized as:							
				11.13 An Individ	al Group/Staff Mode dual Practice Asso Model (combination	ciation (IPA), or, .	Yes [ ] No Yes [ X ] No Yes [ ] No	[ ]
11.2	Is the reporting entity subject to Statutory Minimum						Yes [ X ] No	[ ]
11.3	If yes, show the name of the state requiring such r							ichigan 500,000
11.4 11.5	If yes, show the amount required							[ X ]
11.6	If the amount is calculated, show the calculation		ior o oquity :					
	See Notes to Financial Statement - Note 21, Other	r Items, C., Other I	Disclosures.					
12.	List service areas in which reporting entity is licen-	sed to operate:						
			1 Name of Service	Δrea				
	Macomb	, St. Clair, Wayne	e; Partial: Monr					
13.1	Do you act as a custodian for health savings acco	unts?					Yes [ ] No	[ X ]
13.2	If yes, please provide the amount of custodial fund	ds held as of the re	porting date				\$	0
13.3	Do you act as an administrator for health savings	accounts?					Yes [ ] No	[ X ]
13.4	If yes, please provide the balance of funds admini	stered as of the rep	porting date				\$	0
14.1 14.2	Are any of the captive affiliates reported on Sched If the answer to 14.1 is yes, please provide the following		orized reinsurers?			Yes [	] No [ X ] N	/A [ ]
	1	2	3	4		Supporting Reserve		]
		NAIC Company	Domiciliary	Reserve	5 Letters of	6 Trust	7	
	Company Name	Code	Jurisdiction	Credit	Credit	Agreements	Other	
15.	Provide the following for individual ordinary life ins	urance* policies (L	J.S. business only)	for the current year	ar (prior to reinsura	nce assumed or		]
	ceded):			45 4 5	iroot Browiew Mei	tton	Φ	n
						tten 18		
						Lives		
	Term(whether full u		nary Life Insurance		ann")			
	Whole Life (whether			a intingua "chart	form onn"\	<del></del>		

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

## **FIVE-YEAR HISTORICAL DATA**

		1 2016	2 2015	3 2014	4 2013	5 2012
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	1,518,434	1,506,085	1,514,059	3,818,895	3,801,333
2.	Total liabilities (Page 3, Line 24)					
3.	Statutory minimum capital and surplus requirement					
4.	Total capital and surplus (Page 3, Line 33)					
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	0	0	0	0	0
6.	Total medical and hospital expenses (Line 18)					
7.	Claims adjustment expenses (Line 20)					
8.	Total administrative expenses (Line 21)					
9.	Net underwriting gain (loss) (Line 24)					
10.	Net investment gain (loss) (Line 27)					
11.	Total other income (Lines 28 plus 29)					
12.	Net income or (loss) (Line 32)					
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	21,275	(13,214)	6,300	24,807	28,336
	Risk-Based Capital Analysis					
14.	Total adjusted capital	1,517,765	1,505,315	1,513,679	3,811,218	3,793,987
15.	Authorized control level risk-based capital	5,821	5,767	5,839	9, 173	9,435
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	0	0	0	0	0
17.	Total members months (Column 6, Line 7)			0	0	0
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	0.0	0.0	0.0	0.0	0.0
20.	Cost containment expenses				0.0	
21.	Other claims adjustment expenses					
22.	Total underwriting deductions (Line 23)	0.0	0.0	0.0	0.0	0.0
23.	Total underwriting gain (loss) (Line 24)	0.0	0.0	0.0	0.0	0.0
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	0	0	0	0	(2,234)
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	0	0	0	0	0
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	n	n	n	0	n
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31					
33.	Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	

NOTE:	If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure			
	requirements of SSAP No. 3, Accounting Changes and Correction of Errors?	Yes [	] No [	]
	If no, please explain:			

## SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

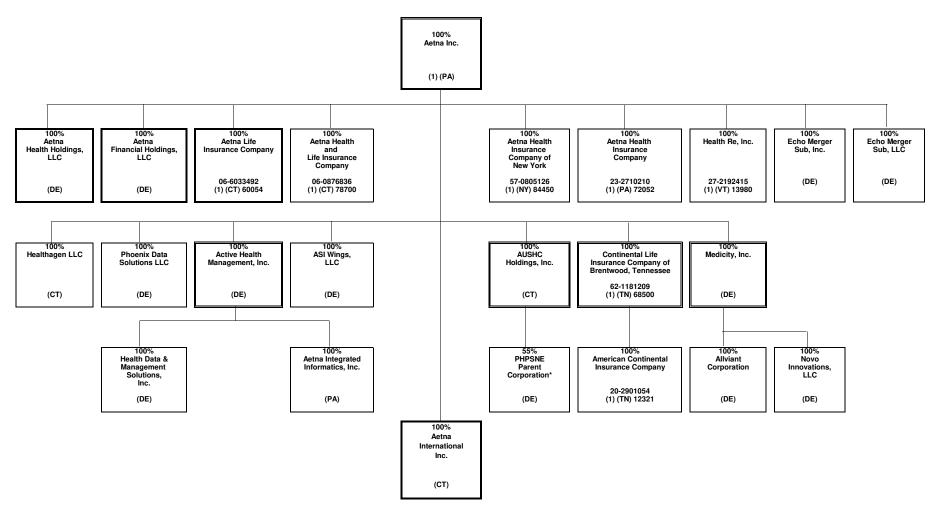
1				Allocated by	States and T					
		1	2	3	4	Direct Bus	siness Only	7	0	9
			2	3	4	5 Federal	6	1	8	9
						Employees				
						Health	Life & Annuity			
			Accident &			Benefits	Premiums &	Property/	Total	
		Active	Health	Medicare	Medicaid	Plan	Other	Casualty	Columns 2	Deposit-Type
	States, etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	Through 7	Contracts
1.	Alabama AL	N	0	0	0	0	0	0	0	0
2.	Alaska AK	N	0	0	0	0	0	0	0	0
3.	Arizona AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas AR	N	0	0	0	0	0	0	0	0
5.	California CA	N	0	0	0	0	0	0	0	0
6.	Colorado CO	N	0	0	0	0	0	0	0	0
7.	Connecticut CT	N	0	0	0	0	0	0	0	0
8.	Delaware DE	NN	0	0	0	0	0	0	0	0
9.	District of Columbia DC	N	0	0	0	0	0	0	0	0
10.	Florida FL	N	0	0	0	0	0	0	0	0
11.	Georgia GA	NN	0	0	0	0	0	0	0	0
12.	Hawaii HI	N	0	0	0	0	0	0	0	0
13.	Idaho ID	NN.	0	0	0	0	0	0	0	0
14.	Illinois  L	N	0	0	0	0	0	0	0	0
15.	IndianaIN	N	0	0	0	0	0	0	0	0
16.	lowa IA	NN.	0	0	0	0	0	0	0	0
17.	Kansas KS	N	0	0	0	0	0	0	0	0
18.	Kentucky KY	N	0	0	0	0	0	0	0	0
19.	Louisiana LA	N	0	0	0	0	0	0	0	0
20.	Maine ME	N	0	0	0	0	0	0	0	0
21.	Maryland MD	N	0	0	0	0	0	0	0	L
	Massachusetts MA	N	0	0	0	0	0	n	n	n
23.	Michigan MI	L	0	0	0	n	0	0	n	n
24.	Minnesota MN	N	n	n l	n	n	ا م	 n	n	n .
25.	Mississippi MS	N	0	0	0	0	0	0	0	0
26.	Missouri MO	N	0	0	0	0	0	0	0	0
27.	Montana MT	N	0	0		0	0	 0	0	n
28.	Nebraska NE	N	0	Ω	٥	n	n	٥	0	n
29.	Nevada NV	NN.	0	ν	۷		ν	0	0	۸
	New Hampshire NH	NN.			۰	o		 0		
		IV			۷	0		0	0	
32.	New Jersey NJ					U	u	U	J	ļ
33.	New Mexico NM New York NY	N				0	0	٠	0	
		N							0	ļ
	North Carolina NC	N					U		0	ļ
35.	North Dakota ND	N	0	0	0	0	0	0	0	0
36.	Ohio OH	N	0	0	0	0	0	0	0	0
37.	Oklahoma OK	N	0	0	0	0	0	0	0	0
38.	Oregon OR	N	0	0	0	0	0	0	0	0
39.	Pennsylvania PA	N	0	0	0	0	0	0	0	0
40.	Rhode Island RI	N	0	0	0	0	0	0	0	0
41.	South Carolina SC	N	0	0	0	0	0	0	0	0
42.	South Dakota SD	N	0	0	0	0	0	0	0	0
43.	Tennessee TN	N	0	0	0	0	0	0	0	0
44.	Texas TX	N	0	0	0	0	0	0	0	0
45.	Utah UT	N	0	0	0	0	0	0	0	0
46.	Vermont VT	N	0	0	0	0	0	0	0	0
47.	Virginia VA	N	0	0	0	0	0	0	0	0
48.	Washington WA	N	0	0	0	0	0	0	0	0
49.	West Virginia WV	N	0	0	0	0	0	0	0	0
	Wisconsin WI	N	0	0	0	0	0	0	0	0
51.	Wyoming WY	N	0	0	0	0	0	0	0	0
52.	American Samoa AS	N	0	0	0	0	0	0	0	0
53.	Guam GU	N	0	0	0	0	0	0	0	0
	Puerto Rico PR	N	0	0	0	0	0	0	0	0
	U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana									
	Islands MP	N	0	0	0	0	0	0	0	0
57.	Canada CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other									1
	alien OT	XXX	0	0	0	0	0	0	0	J0
59.	Subtotal	XXX	0	0	0	0	0	0	0	J0
60.	Reporting entity									
	contributions for Employee	\0.5¢	_	_	_	_		•		1
2.	Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	(a) 1	0	0	0	0	0	0	0	0
F000.	DETAILS OF WRITE-INS	,								
58001.		XXX					<del> </del>			<del> </del>
58002.		XXX					<del> </del>			<del> </del>
58003.		XXX					<b></b>			<b></b>
58998.	Summary of remaining									
	write-ins for Line 58 from	V/V/	0	0	0	0		0	_	_
50000	overflow page	XXX	U		0	l0		0	0	t0
56999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58									
	above)	XXX	0	0	0	0	0	0	0	0
	sed or Chartered - Licensed Insu						-			

<sup>(</sup>L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

N/A
(a) Insert the number of L responses except for Canada and Other Alien.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



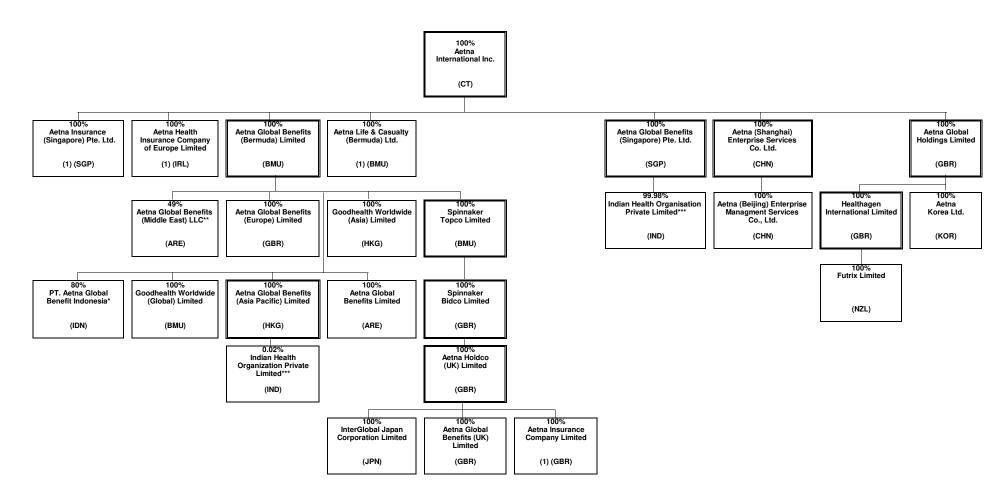
#### (1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

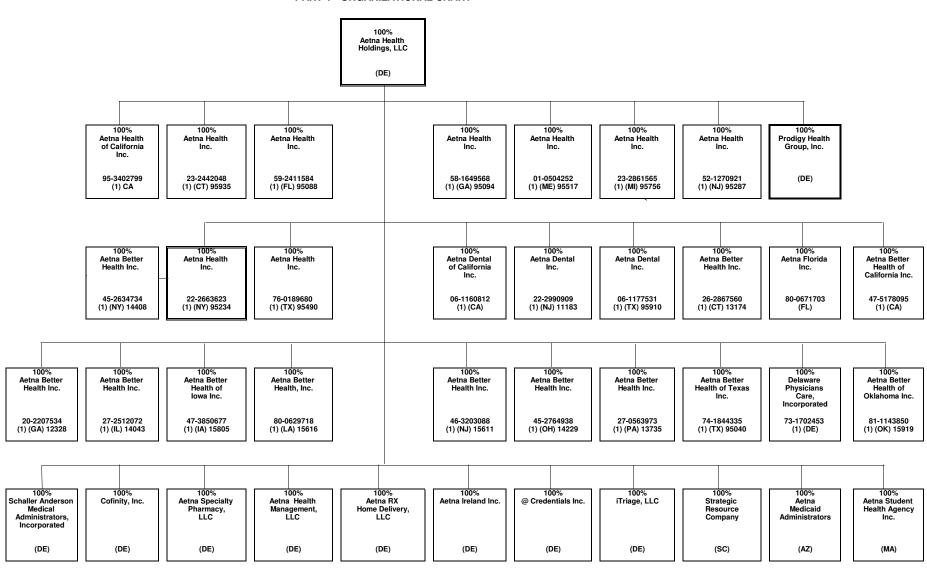
<sup>\*55%</sup> is owned by AUSHC Holdings, Inc. and 45% is owned by third parties.

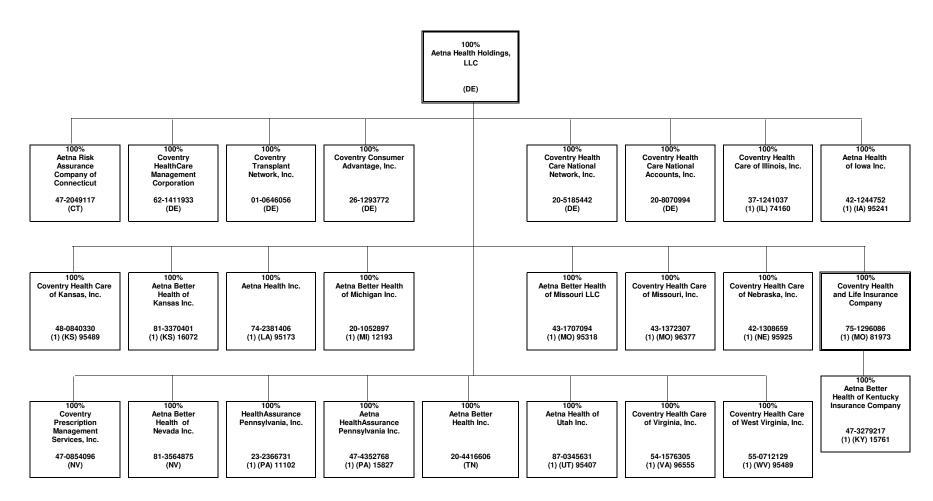


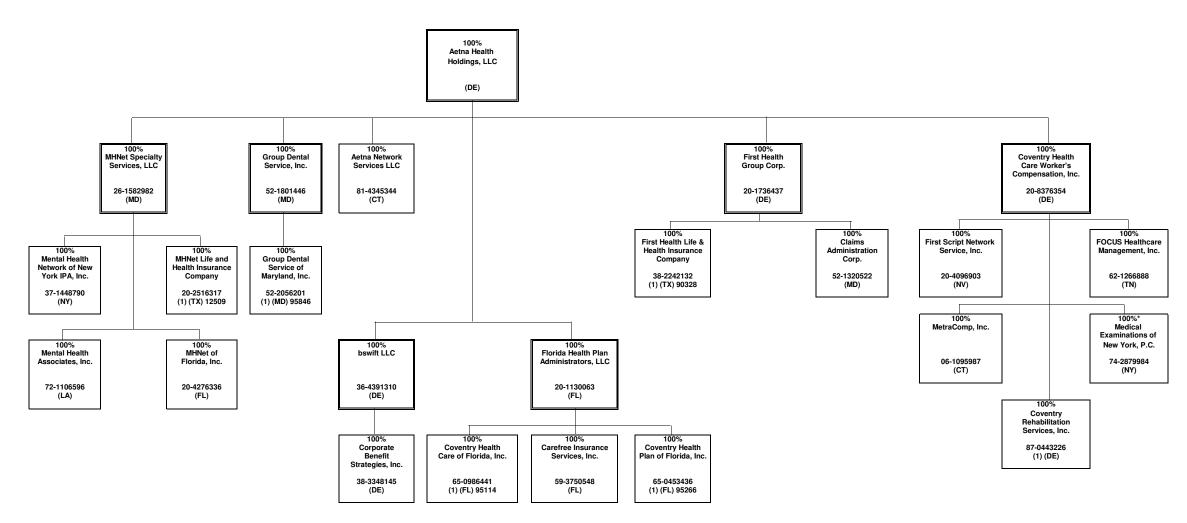
<sup>\*</sup>Aetna Global Benefits (Bermuda) Limited owns 80% and 20% is owned by Suhatsyah Rivai, Aetna's Nominee.

<sup>\*\*</sup> Aetna Global Benefits (Bermuda) Limited owns 49% and 51% is owned by Euro Gulf LLC, Aetna's Nominee.

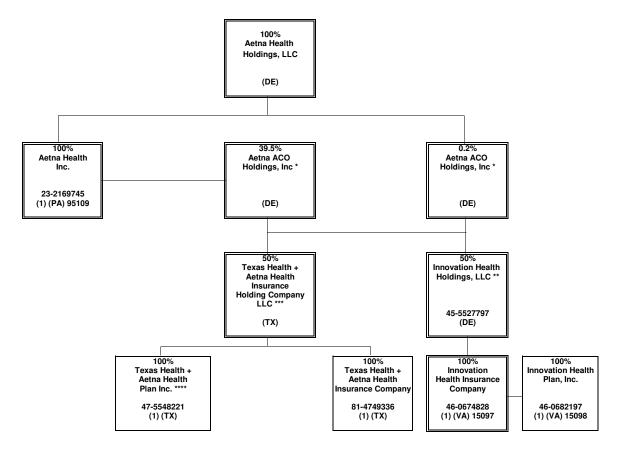
\*\*\* Aetna Global Benefits (Asia Pacific) Limited owns 0.019857% of Indian Health Organization Private Limited and Aetna Global Benefits (Singapore) Pte. Ltd. owns 99.980143%.





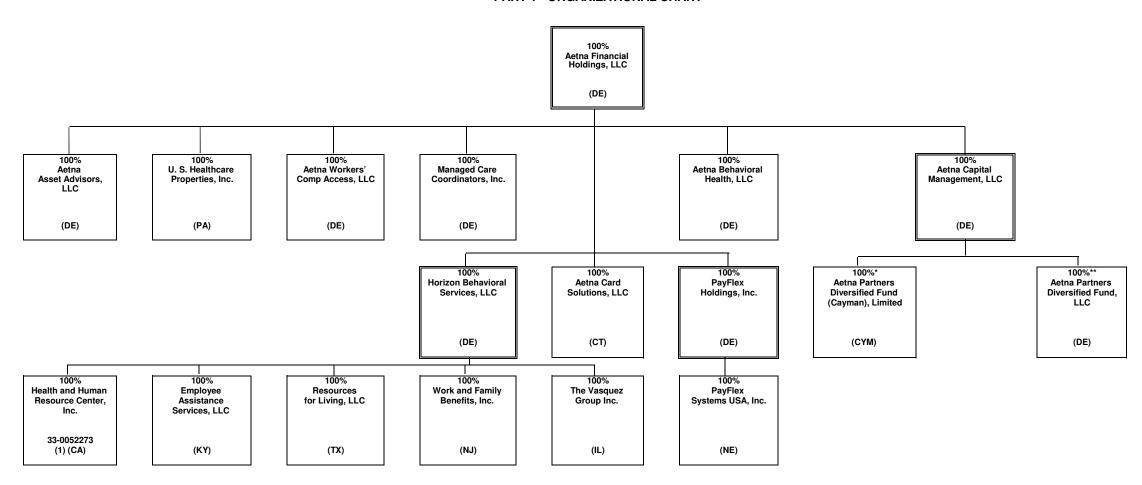


<sup>\*100%</sup> owned through Aetna's nominees



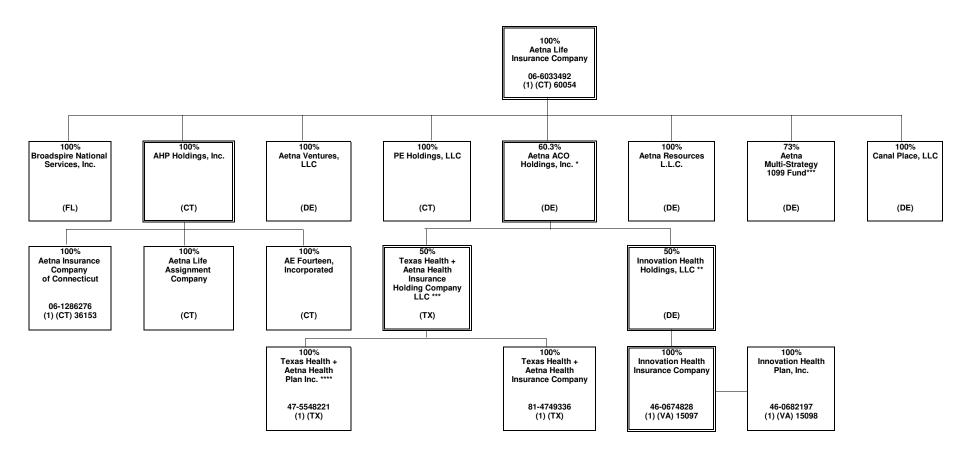
<sup>\*</sup> Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
\*\* Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings, Inc. and 50% owned by Inova Health System Foundation, an unaffiliated company.

<sup>\*\*\*</sup>Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources, an unaffiliated company.
\*\*\*\*Texas Health + Aetna Health Plan Inc. will become a direct subsidiary of Texas Health + Aetna Health Insurance Company in February 2017.



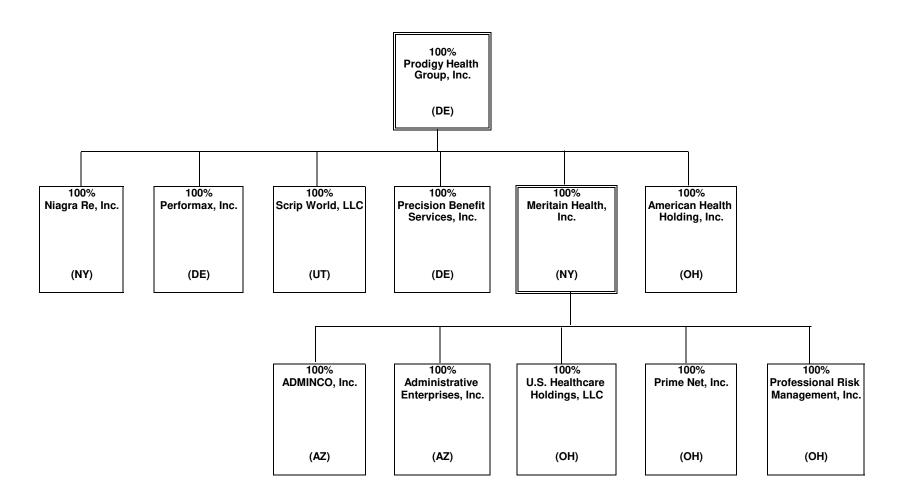
<sup>\*</sup> Aetna Life Insurance Company owns the Class C participating shares of Aetna Partners Diversified Fund (Cayman), Limited.

<sup>\*\*</sup> Aetna Life Insurance Company and Aetna Health and Life Insurance Company own substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.



<sup>\*</sup> Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares);, and Aetna Health Holdings, LLC (1 share).
\*\* Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings, Inc. and 50% owned by Inova Health System Foundation, an unaffiliated company.

<sup>\*\*\*</sup>Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources, an unaffiliated company.
\*\*\*\*Texas Health + Aetna Health Plan Inc. will become a direct subsidiary of Texas Health + Aetna Health Insurance Company in February 2017.



## **OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 11				
	Current Year			Prior Year
	1	2	3	4
			Net Admitted Assets	Net Admitted
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
1104.	0	0	0	0
1105.	0	0	0	0
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Additional Write-ins for Assets Line 25				
		Current Year		
	1	2	3	4
			Net Admitted Assets	Net Admitted
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
2504.	0	0	0	0
2505.		0	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Addition	al Write-ins for Liabilities Line 23				
			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2304.		0	0	0	0
2305.		0	0	0	0
2207	Summary of romaining write inc for Line 22 from everflow page	0	۸	۸	0

Addition	al Write-ins for Liabilities Line 25				
			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2504.		XXX	XXX	0	0
2505.		XXX	XXX	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0

Addition	al Write-ins for Liabilities Line 30				
			Current Year		
		1	2	3	4
		Covered	Uncovered	Total	Total
3004.		XXX	XXX	0	0
3005.		XXX	XXX	0	0
3097.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0

Addition	al Write-ins for Statement of Revenue and Expenses Line 6			
		Currer	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
0604.		XXX	0	0
0605.		XXX	0	0
0697.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0

Addition	al Write-ins for Statement of Revenue and Expenses Line 7			
		Currer	it Year	Prior Year
		1	2	3
		Uncovered	Total	Total
0704.		XXX	0	0
0705.		XXX	0	0
0797.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0

Addition	al Write-ins for Statement of Revenue and Expenses Line 14			
		Curren	t Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1404.		0	0	0
1405.		0	0	0
1497.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0

Addition	al Write-ins for Statement of Revenue and Expenses Line 29			
		Currer	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
2904.		0	0	0
2905.		0	0	0
2997.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0

Addition	al Write-ins for Statement of Revenue and Expenses Line 47		
		1	2
		Current Year	Prior Year
4704.		0	0
4705.		0	0
4797.	Summary of remaining write-ins for Line 47 from overflow page	0	0



44

## **ALPHABETICAL INDEX**

## **ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	
Exhibit 1 - Enrollment By Product Type for Health Business Only	
Exhibit 2 - Accident and Health Premiums Due and Unpaid	
Exhibit 3 - Health Care Receivables	
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	
Exhibit 7 - Part 1 - Summary of Transactions With Providers	
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	
Exhibit 8 - Furniture, Equipment and Supplies Owned	
Exhibit of Capital Gams (Losses)  Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
Jurat Page	
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	
Schedule A - Part 2	
Schedule A - Part 3	
Schedule A - Verification Between Years	
Schedule B - Part 1	
Schedule B - Part 2	
Schedule B - Part 3	
Schedule B - Verification Between Years	
Schedule BA - Part 1	
Schedule BA - Part 2	
Schedule BA - Part 3	
Schedule BA - Verification Between Years	
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	
Schedule D - Verification Between Years	
Schedule DA - Part 1	
Schedule DA - Verification Between Years	
Schedule DB - Part A - Section 1	
Schedule DB - Part A - Section 2	
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	
Schedule DB - Part B - Section 2	
Schedule DB - Part B - Verification Between Years	
Schedule DB - Part C - Section 1Schedule DB - Part C - Section 2	
Schedule DB - Part D - Section 1	
Schedule DB - Part D - Section 2	
Schedule DB - Part D - Section 2 Schedule DB - Verification	
Schedule DL - Part 1	
Schedule DL - Part 2	
Schedule E - Part 1 - Cash	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Part 3 - Special Deposits	
Schedule E - Verification Between Years	

## **ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14